			JEANNE A MALED
Fill in this information to ider	tify your case:	<u> </u>	TAUGHTON, CLERK
United States Bankruptcy Cour	for the:		FEB 1 0 2017
District of New Jersey	170-1		
Case number (# known):	1- 12576 Chapter	you are filing under:	U.S. BANKRUPTCY COURT BY
	Chap	oter 11	DEPUTY
_	☐ Chap ☐ Chap		☐ Check if this is an
and the second of the second o	·		amended filing
Official Form 101			
Voluntary Pet	ition for Indiv	∕iduals Fi	ling for Bankruptcy 12/15
the answer would be yes if eith Debtor 2 to distinguish betwee same person must be Debtor 1 Be as complete and accurate a	er debtor owns a car. When ir n them. In joint cases, one of t in all of the forms. s possible. If two married peo eeded, attach a separate shee	nformation is needed the spouses must rep ple are filing together	oth debtors. For example, if a form asks, "Do you own a car," about the spouses separately, the form uses <i>Debtor 1</i> and port information as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The r, both are equally responsible for supplying correct top of any additional pages, write your name and case number
territ identify roursen	About Debtor 1:		About Pobler D. Outstand D. L. Control
Your full name	About Daptor 1.		About Debtor 2 (Spouse Only in a Joint Case):
Write the name that is on you	CHRISTINA		
government-issued picture identification (for example,	First name		First name
your driver's license or passport).	L Middle name	· · · · · · · · · · · · · · · · · · ·	Middie name
Bring your picture	POTTS		Miloole name
Identification to your meeting with the trustee.	Last name		Last name
mar are a desired,	Suffix (Sr., Jr., II, III)	_	Suffix (Sr., Jr., II, III)
. Ochan il garin mada	SAN DELINION AND AND AND AND AND AND AND AND AND AN	The state of the s	
2. All other names you			·
have used in the last 8	First name	Case #	: 17-12576-7+
years	Middle name	Debtor Chapte	.: CHRISTINA L. POTTS r: 7+
Include your married or maiden names.	Middle Jishle		: February 10, 2017 13:15:35
	Last name	Deputy	: JOAN LIEZE t: 422437
	First name		: \$0.00
			ORDERED
	Middle name	Distric	U.S. Bankruptcy Court of New Jersey
	Last name		
	- P. La La La La California de California de California de California de California de California de California		
3. Only the last 4 digits of your Social Security	xxx - xx - <u>8</u> <u>7</u>	<u>3 1</u>	xxx - xx
number or federal	OR		OR
Individual Taxpayer Identification number	9 xx - xx		9 xx - xx
(ITIN)		AAA Salagaya kila mahaya sa	

*3000	CAMILIANO YES	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer Identification Numbers (EIN) you have used in	☑ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
the last 8 years	Business name	Business name
Include trade names and doing business as names	Business name	Business name
	EIN	EIN
	EIN	EIN
s. Where you live		If Debtor 2 lives at a different address:
	26 N. RAILROAD AVE #2 Number Street	Number Street
	WILLIAMSTOWN NJ 08094 City State ZIP Code	City State ZIP Code
	GLOUCESTER County	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	5215 ROUTE 49	
	Number Street	Number Street
	P.O. Box	P.O. Box
	MILLVILLE NJ 08332	
	City State ZIP Code	City State ZIP Code
s. Why you are choosing	Check one:	Check one:
this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)
A Sept. Continue Management		

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	DIUI	ł

CHRISTINA L. POTTS

Case number (# known)

Par	٠	2.

Tell the Court About Your Bankruptcy Case

7.	The chapter of the Bankruptcy Code you are choosing to file under		ruptcy (i pter 7 pter 11 pter 12	Form 2010)). Also, go to the top of pa		U.S.C. § 342(b) for Individuals Filing le appropriate box.
8.	How you will pay the fee	loca your subr with I nec Appl I req By la less pay	I court f self, yo nitting y a pre-p ed to prication uest thaw, a ju than 15 the fee	udge may, but is not required to, t 50% of the official poverty line the	nay pay. Typicall check, or money ur attorney may in u choose this op Fee in Installme request this optivative your fee, a at applies to your his option, you m	y, if you are paying the fee order. If your attorney is pay with a credit card or check stion, sign and attach the nts (Official Form 103A), ion only if you are filing for Chapter 7, and may do so only if your income is a family size and you are unable to ust fill out the Application to Have the
9,	Have you filed for bankruptcy within the last 6 years?	☑ No ☐ Yes.	District	When	MM / DD / YYYY	Case numberCase number
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☑ No ☐ Yes.		When		Relationship to you Case number, if known Relationship to you Case number, if known
11.	Do you rent your residence?	No. Ves.	residen No.	our landlord obtained an eviction judg nce? . Go to line 12.		and do you want to stay in your Against You (Form 101A) and file it with

Da	htor	4

Clark Name / Arthurs	

Case number	(# known)	 	

ú	8.1	

Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?
A sole proprietorship is a business you operate as an

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

🔽 No. Go to Part 4.

Yes. Name and location of business

Name of b	usiness, if any				
Number	Street				_
				<u> </u>	
City	<u></u>	Stat	e ZIP Code	· · · · · · · · · · · · · · · · · · ·	

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- 2 No. I am not filing under Chapter 11.
- No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4:

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Ø No

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Stree

City

State ZIP Code

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you. cannot do so, you are not eligible to file. 🐠

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities

1.519

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any, if you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before i filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary walver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the Internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

ï	art 6: Answer These Que	stions for Reporting Purpos	ees			
16. What kind of debts do you have?		16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. ☐ Yes. Go to line 17.				
		16b. Are your debts primar money for a business or in	rily business debts? Business debts a vestment or through the operation of the	are debts that you incurred to obtain business or investment.		
		☐ No. Go to line 16c. ☐ Yes, Go to line 17.				
		16c. State the type of debts you	owe that are not consumer debts or bus	iness debts.		
17	. Are you filing under Chapter 7?	☐ No. I am not filing under Ch	napter 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing under Chapt administrative expense No Yes	er 7. Do you estimate that after any exemes are paid that funds will be available to o	opt property is excluded and distribute to unsecured creditors?		
18	How many creditors do you estimate that you owe?	7 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000		
19.	How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
20.	How much do you estimate your liabilities to be?	☑ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
Pá	art 7: Sign Below					
Fo	or you	соггест.	d I declare under penalty of perjury that t			
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.				
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.				
		* CHERTHATERIA	Watto x			
		Signature of Debtor 1	Signature	of Debtor 2		
	APE TO	Executed on 02/02/2017 MM / DD /Y	YYY	on		

Debtor	1	
	٠	

CHRIS]	INA L.	POTTS
First Name	Middle Name	Last Name

Bar number

Case number (# known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Signature of Attorney for Debtor

Printed name

Firm name

Number Street

City State ZIP Code

Contact phone Email address

State

-		
1.16f	nor	7

CHRISTINA L. POTTS

First Name Middle Natr

Last Nam

Case number (#known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attack a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to we another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must is that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list a property or properly claim it as exempt, you may not be able to keep the property. The purple can also deny you a discharge of all your debts if you do something dishonest in your bankrupty case, such as destroying or hiding property, falsifying records, or lying. Individual bankrupty cases are randomly audited to determine if debtors have been accurate, truthful, and contains.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filling for yourself. To successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? No	
☑ Yes	
Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?	
□ No ☑ Yes	
Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy fo No	rms?
Yes. Name of Person	
By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I	
have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case. **CHRISTINA L. POTTS **Single-Marketing-	········
attorney may cause me to lose my rights or property if I do not properly handle the case.	·
attorney may cause me to lose my rights or property if I do not properly handle the case. CHRISTINA L. POTTS Signature of Debtor 1 Date Date MM / DD / YYYY	
attorney may cause me to lose my rights or property if I do not properly handle the case. CHRISTINA L. POTTS Signature of Debtor 1 Date Date	
attorney may cause me to lose my rights or property if I do not properly handle the case. CHRISTINA L. POTTS Signature of Debtor 1 Date Date MM / DD / YYYY	

Fill in this in	formation to identi	fy your case:		14.
Debtor 1	CHRISTINA First Name	L. Middle Name	POTTS Last Name	
Debtor 2 (Spouse, if filing)		Middle Name	Last Name	
		e: District of New Jers		
Case number	(If known)			

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1:	Summarize Your Assets		
		Your assets Value of what you own	
	edule A/B: Property (Official Form 106A/B) Copy line 55, Total real estate, from Schedule A/B	\$0.00	
1b. C	Copy line 62, Total personal property, from Schedule A/B	\$9,768.00	
1c. C	Copy line 63, Total of all property on Schedule A/B	\$9,768.00	
Part 2:	Summarize Your Liabilities		
2a, C 3. Sche 3a, C	edule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Edule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	Your liabilities Amount you owe \$ 0.00 \$ 42,849.32	
Part 3:	Summarize Your Income and Expenses		
Сору	dule I: Your Income (Official Form 106I) y your combined monthly income from line 12 of Schedule Idule J: Your Expenses (Official Form 106J)	\$1,452.53	
	y your monthly expenses from line 22c of Schedule J	\$2,016.00	

Dehtor	1

CHRISTINA

1

POTTS

Case number (if known)

	
Part 4:	Answer These Questions for Administrative and Statistical Records

6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
	☐ No. You have nothing to report on this part of the form. Check this box and submit this for ☐ Yes	rm to the court with your other	schedules.
7.	What kind of debt do you have?		- Paranta-da de Paranta de Paranta de Carlo de C
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.	individual primarily for a personses. 28 U.S.C. § 159.	nal,
L	Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules.	of the form. Check this box an	d submit
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly inc	come from Official	ANNE CAN THE SECTION OF THE SECTION
	Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.		\$ <u>1,452.53</u>
ļ	The second secon		errores and the first the second system of the second seco
August Au			
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:		
		Total claim	
	From Part 4 on Schedule E/F, copy the following:		
:	9a. Domestic support obligations (Copy line 6a.)	\$	
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00	
	9d. Student loans. (Copy line 6f.)	\$0.00	
	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 	\$	
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00	
	9g. Total. Add lines 9a through 9f.	\$0.00	

Debtor 1	CHRISTINA	L.	POTTS	
	First Name	Middle Name	Last Name	
Debtor 2 (Spause, if filir	ng) First Name	Middle Name	Last Name	
United State	s Bankruptcy Court for the	: District of New Jers	еу	
Case numbe	PF		· .	

Check if this is an amended filing

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

ı. Do y	ou own or have any legal or equitable intere	st in any residence, building, land, or similar prop	erty?	
2	lo. Go to Part 2.			
☐ Y	es. Where is the property?			
1.1.	Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured class the amount of any secure Creditors Who Have Claim Current value of the	d claims on Schedule D: ms Secured by Property.
		Manufactured or mobile home	entire property?	portion you own?
	VIII.	Land	\$	\$
		Investment property	Danasilia dha sadassa	
	City State ZIP Code	Timeshare Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.	the entireties, or a life	e estate), if known.
		Debtor 1 only		
	County	Debtor 2 only		
		Debtor 1 and Debtor 2 only	☐ Check if this is co (see instructions)	mmunity property
		At least one of the debtors and another	•	
		Other information you wish to add about this it property identification number:	em, such as local	
If you	own or have more than one, list here:			
		What is the property? Check all that apply.	Do not deduct secured cla	ims or exemptions. But
1.2.		Single-family home	the amount of any secure	d claims on Schedule D
1.2.	Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Clain	ns Secured by Property.
		Condominium or cooperative	Current value of the	Current value of the
		☐ Manufactured or mobile home ☐ Land	entire property?	portion you own?
		Land Investment property	\$	\$
	City State ZIP Code	☐ Timeshare ☐ Other	Describe the nature of interest (such as fees the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.	***	
		Debtor 1 only		
	County	Debtor 2 only		
		Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
		At least one of the debtors and another	(see instructions)	
		Other information you wish to add about this iter property identification number:	n, such as local	

			What is the property? Check all that apply.	Do not deduct secured cl	aims or exemptions. Pul
1.3.			Single-family home	the amount of any secure Creditors Who Have Clair	ed claims on Schedule I ms Secured by Property
	Street address, if availab	le, or other description	Duplex or multi-unit building	Current value of the	to the total and the second of the second of the
			Condominium or cooperative	entire property?	Current value of to portion you own?
			☐ Manufactured or mobile home☐ Land	•	e
				Φ	Φ
	City	State ZIP Code	Investment property Timeshare	Describe the nature	of vour ownership
	Oky	State ZIP Code	Other	interest (such as fee	simple, tenancy by
			Guiler	the entireties, or a lif	e estate), if known.
			Who has an interest in the property? Check one.		
	County		Debtor 1 only		
	County		Debtor 2 only	_	
			Debtor 1 and Debtor 2 only		mmunity property
			At least one of the debtors and another	(see instructions)	
			Other information you wish to add about this ite property identification number:	em, such as local	
i t	he dollar value of the	portion you own for a	all of your entries from Part 1, including any entrie	s for pages	
u h	ave attached for Part	1. Write that number	here.	→	\$
		The state of the Section of the state of the	A Law and the Committee of the Committee		
			We have a second	TO THE REST OF THE PARTY OF THE	eren og en ertig til fir for folk skilde filmen i gener om men er er er stor folke skilde på bengelsen en
υо	Describe Your Vown, lease, or have leg	al or equitable intere	st in any vehicles, whether they are registered or le, also report it on Schedule G: Executory Contracts	not? Include any vehicles and Unexpired Leases.	S
u o vn t rs,	own, lease, or have leg that someone else drive vans, trucks, tractors,	al or equitable intere s. If you lease a vehic	le, also report it on Schedule G: Executory Contracts	not? Include any vehicles and Unexpired Leases.	5
uo vnt rs, No Ye	own, lease, or have leg that someone else drive vans, trucks, tractors,	al or equitable intere s. If you lease a vehic , sport utility vehicles	le, also report it on <i>Schedule G: Executory Contracts</i> a	not? Include any vehicles and Unexpired Leases.	
n t n t s, No Ye	own, lease, or have leg that someone else drive vans, trucks, tractors,	al or equitable intere es. If you lease a vehic sport utility vehicles	le, also report it on Schedule G: Executory Contracts of s, motorcycles Who has an interest in the property? Check one.	and Unexpired Leases. Do not deduct secured cla	ims or exemptions. Fut
uo vnt s, No Ye	own, lease, or have leg that someone else drive vans, trucks, tractors,	al or equitable intere s. If you lease a vehic , sport utility vehicles	le, also report it on <i>Schedule G: Executory Contracts</i> as, motorcycles Who has an Interest in the property? Check one.	and Unexpired Leases. Do not deduct secured cla	ims or exemptions. Put I claims on <i>Schedule II</i>
n ton ton to	own, lease, or have leg that someone else drive vans, trucks, tractors, o es	al or equitable intere es. If you lease a vehic sport utility vehicles	le, also report it on <i>Schedule G: Executory Contracts a</i> s, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	and Unexpired Leases. Do not deduct secured cla the amount of any securec Creditors Who Have Claim	ims or exemptions. Put I claims on Schedule D is Secured by Property
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u o vn trs, No Ye	wwn, lease, or have leg that someone else drive vans, trucks, tractors, or ses. Make: Model: Year: Approximate mileage: Other information: wwn or have more than Make: Model: Year: Approximate mileage:	cal or equitable interests. If you lease a vehicles a sport utility vehicles CHRY LABARON 1996 230000	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ 100.00 Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the	ims or exemptions. Put I claims on Schedule D is Secured by Property. Current value of the portion you own? \$ 100.0 ims or exemptions: Put I claims on Schedule D is Secured by Property. Current value of the portion you own?

Case number (if know

CHRISTINA

Debtor 1

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ixamples: Boats, trailed No Yes I.1. Make: Model: Year: Other information you own or have more 2. Make: Model: Year:	<u>.</u>			
Yes A.1. Make: Model: Year: Other information you own or have more A.2. Make: Model: Year:		and other recreational vehicles, other vehicles, and acces		
Yes 4.1. Make: Model: Year: Other information you own or have more 1.2. Make: Model: Year:	, trailers, motors, personal v	watercraft, fishing vessels, snowmobiles, motorcycle accesso	ries	
Make: Model: Year: Other information you own or have more Make: Model: Year:				
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Other information you own or have more .2. Make: Model: Year:	77-011	Debtor 1 only Debtor 2 only	Creditors Who Have Clain	is Secured by Property.
you own or have mor .2. Make: Model: Year:		Debtor 2 only Debtor 1 and Debtor 2 only	ing the second section is a second se	
Make: Model: Year:	mation:	At least one of the debtors and another	Current value of the	Current value of the
.2. Make: Model: Year:		At least one of the debtors and another	entire property?	portion you own?
Make: Model: Year:		☐ Check if this is community property (see	•	_
.2. Make: Model: Year:		instructions)	\$	\$
2. Make: Model: Year:				
Model:	e more than one, list here:			
Model:		Who has an interest in the property? Check one.	Do not deduct secured cla	ims or exemptions. Dut
Year:	<u>,</u>	Debtor 1 only	the amount of any secured	claims on Schedule D
		Debtor 2 only	Creditors Who Have Claim	is Secured by Property.
Other information		Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	nation:	At least one of the debtors and another	entire property?	portion you own?
		☐ Check if this is community property (see	\$	\$
		instructions)		
		-		
dd the dollar value c	alue of the portion you ow	n for all of your entries from Part 2, including any entries	for pages	100.00
ou have attached for	ed for Part 2. Write that nu	ımber here	→	5 100.00
			L	

Case number (if known)

CHRISTINA First Name

Debtor 1

Debtor 1

CHRISTINA First Name

POTTS

Case number (if know

Part 3: Describe Your Personal and Household Items

Do you own or have any	legal or equitable interest in any of the following items?	Current value of the
		portion you own? Do not deduct secured claims
		or exemptions.
6. Household goods and	furnishings	}
Examples: Major applia	inces, furniture, linens, china, kitchenware	
☐ No		
Yes, Describe	COUCH, 2 END TABLES, KITCHEN TABLE, 2 BEDS, 2 DRESSERS, KITCHENWARE	\$\$
7. Electronics		
collections;	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games	
No No No Nes Describe	O THE START STORES BLANCETATION	\$ 1,000.00
Tes. Describe	2 TVS, 2 TABLETS, 3 CELL PHONES, PLAY STATION	\$
8. Collectibles of value		,
stamp, coin,	d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; , or baseball card collections; other collections, memorabilia, collectibles	
✓ No ☐ Yes. Describe		\$
9. Equipment for sports	and hobbies	
Examples: Sports, phot	tographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments	
□ No		
☐ Yes. Describe	2 KIDS BIKES, SON'S FOOTBALL EQUIPTMENT	\$\$
10. Firearms Examples: Pistols, rifles ☑ No	s, shotguns, ammunition, and related equipment	
Yes. Describe		\$
11. Clothes Examples: Everyday clo □ No	othes, furs, leather coats, designer wear, shoes, accessories	
Yes. Describe	BASIC EVERYDAY CLOTHING FOR 1 ADULT, 1 TEEN & 1 CHILD	\$\$
12. Jewelry		
gold, silver	welry, costume jewelry, engagement rings, wedding rings, heirtoom jewelry, watches, gems,	
	EVERYDAY JEWLERY & COSTUME JEWELRY	\$500.00
13. Non-farm animals		: : :
Examples: Dogs, cats, t	birds, horses	
Yes. Describe	1 DOG	\$\$
14. Any other personal an	d household items you did not aiready list, including any health aids you did not list	; 1
☑ No	en e	3
Yes. Give specific information		\$
	f all of your entries from Part 3, including any entries for pages you have attached umber here	\$5,850.00

Debtor 1

CHRISTINA

L.

POTTS

Case number (if known)_____

Part 4:

Describe Your Financial Assets

Do you own or have any	own or have any legal or equitable interest in any of the following?				
16. Cash <i>Examples:</i> Money you	have in your wallet, in your hoπ	ne, in a safe deposit box, and on hand when you	file your petition		
☑ No ☐ Yes			Cash:	\$	
17. Deposits of money <i>Examples:</i> Checking, s and other si	savings, or other financial accou imilar institutions. If you have m	nts; certificates of deposit; shares in credit unionultiple accounts with the same institution, list eac	is, brokerage houses, ch.		
☑ No ☐ Yes		Institution name:			
	17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account:			\$ \$ \$	
	17.5. Certificates of deposit: 17.6. Other financial account:		1111211111	\$ \$	
	17.7. Other financial account:17.8. Other financial account:17.9. Other financial account:			\$ \$	
	or publicly traded stocks investment accounts with broke Institution or issuer name:	erage firms, money market accounts			
				\$ \$	
19. Non-publicly traded s an LLC, partnership, a		rated and unincorporated businesses, includ	ing an interest in		
✓ No ☐ Yes. Give specific information about them	Name of entity:		% of ownership: 0%	\$ \$ \$	

- W - Wy	and the companion of th	
	and the sade and other resulting and man pageticals instruments	
	orate bonds and other negotiable and non-negotiable instruments notude personal checks, cashiers' checks, promissory notes, and money orders.	
Non-negotiable instrume	ents are those you cannot transfer to someone by signing or delivering them.	
D1		
✓ No .☐ Yes. Give specific	Issuer name:	
information about		Φ.
them		_
		- \$
		- \$
	· · · · · · · · · · · · · · · · · · ·	
21. Retirement or pension Examples: Interests in IF	accounts RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing pla	ns
☑ No		
Yes. List each		
account separately.	Type of account: Institution name:	
	401(k) or similar plan:	\$
	Pension plan:	
	IRA:	\$
	Retirement account:	\$
	Keogh:	
	Additional account:	\$
	Additional account:	\$
		•
22. Security deposits and p		
	deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications	
companies, or others	with familions, prepaid term, public duffiles (electric, gas, water), telecommunications	•
☑ No		
☐ Yes	Institution name or individual:	
	Electric:	
		- \$ <u></u>
	Gas:	- \$
	Heating oil:	- \$
	Security deposit on rental unit:	- \$
•	Prepaid rent:	- \$
	Telephone:	- \$
	Water:	- \$
	Rented furniture:	- S
	Other:	- \$
		Ψ
00 Amerikian (A contract for	r a novicella naumant of manay to your aither far life or for a number of years)	
	r a periodic payment of money to you, either for life or for a number of years)	
☑ No		
☐ Yes	Issuer name and description:	
		\$
		<u> </u>
		\$

CHRISTINA First Name

Debtor 1

This Maine Wildle (Maine	Lass value		
	count in a qualified ABLE program, or under a qualified	state tuition program.	
26 U.S.C. §§ 530(b)(1), 529A(b), and 529	9(b)(1).		
✓ No ✓ Yes			
☐ YesInstitution	n name and description. Separately file the records of any in	terests.11 U.S.C. § 521(c) :
			\$
			\$
			\$
			············
Trusts, equitable or future interests in	property (other than anything listed in line 1), and rights	s or powers	
exercisable for your benefit			
☑ No			\neg
Yes. Give specific information about them			\$
Patents, copyrights, trademarks, trade	secrets, and other intellectual property		
	ites, proceeds from royalties and licensing agreements		
☑ No			
Yes. Give specific information about them			
mornation about them			\$
Licenses, franchises, and other genera	al intangibles		
	enses, cooperative association holdings, liquor licenses, pro	fessional licenses	
☑ No			
☐ Yes. Give specific			
information about them			\$
			— → Linksman
oney or property owed to you?			Current value of the portion you own?
			Do not deduct secured
			claims or exemptions.
Tax refunds owed to you			
No Characteristic information			
Yes. Give specific information about them, including whether	2016 FEDERAL & STATE 1040 RETURN	Federal:	\$ 2,917.00
you already filed the returns		State:	\$901.00
and the tax years	•	Local:	\$
		!	
Family support			
	, spousal support, child support, maintenance, divorce settle	ement, property settleme	ent
☑ No			
Yes. Give specific information		Alimony	¢
		Alimony:	\$
		Maintenance:	\$
		Support: Divorce settlement:	\$ \$
		Property settlement:	\$ \$
		- roporty settlerit.	¥
Other amounts someone owes you Examples: Unpaid wages, disability insur-	ance payments, disability benefits, sick pay, vacation pay, v	vorkers' compensation	
Social Security benefits; unpa	id loans you made to someone else		
☑ No			
☐ Yes. Give specific information			
			\$

Case number (if known)

CHRISTINA

∍ebtor 1

Debtor 1	CHRISTIN	IA L	•	POTT\$	Case number (if known)	
	First Name	Middle Name	Last Name			•
					and the second of the second o	11. The first of a major and provided on amountains according to the party of the first of the f
d Intercet	s in insurance	maliaiaa				
			ance: health savi	nas account (HSA):	credit, homeowner's, or renter's insurance	
☑ No	Jul 1 100101, 0100	on mount	3,1100,11001111		••••••••••••••••••••••••••••••••••••••	:
	Name the incu	rance company	_		n 63	C
 (63,	of each policy	and list its value.	Company nam	ie:	Beneficiary:	Surrender or refund value:
	, ,					\$
						\$
						e ·
						- Ψ <u> </u>
		ty that is due yo				
	e the beneficia because some		expect proceeds	s from a life insuranc	ce policy, or are currently entitled to receive	
Droperty ☑ No	because some	one has died.				,
	Civo appoific i	nformation				
La res.	. Give specific ii	normanon	"			\$
					- Add the latest the second to	
					nade a demand for payment	, , ; ;
	es: Accidents, e	mployment dispu	tes, insurance cla	aims, or rights to sue	е	:
No			ļ			
Yes.	. Describe each	claim				
						\$
		unliquidated clai	ims of every nat	ture, including cou	nterclaims of the debtor and rights	
to set o	ff claims					
	Danadha and	claim				
u res.	. Describe each	ciaim	•-]			\$
						1
5. Any fina	ıncial assets y	ou did not alread	dy list			:
No			E			• • • •
Yes.	Give specific i	nformation				s
			L			
s Add the	dollar value o	f all of your entr	ios from Part /	including any entri	ies for pages you have attached	
		•				\$ 3,818.00
	-		, to the second second		and a second of the second of	The second secon
		•				•
art 5:	Describe A	Iny Business	-Related Pro	pperty You Owi	n or Have an Interest In. List any	real estate in Part 1.
7 Da		logol or oggit		eni husingg ralate	ad property?	
•		ny legal or equita	able interest in a	any business-relate	ed property r	·
	Go to Part 6.					:
₩ Yes.	Go to line 38.				•	runi mengunangkan palah
						Current value of the
						portion you own? Do not deduct secured claims
						or exemptions:
8 Account	ts receivable o	r commissions y	vou already ear	ned		
O. ACCOUNT	Loseitanie (, ou unoudy eatt			
	Donoriba					¬
₩ Yes.	Describe					\$
. 0.55	<u></u>					
		nishings, and suj		ere conjere for moshin	nes, rugs, telephones, desks, chairs, electronic device	se ·
-	o. Duamess-Heidle	a computers, surwa	aro, moderns, printe	aa, wyncia, iax ilidullill	ios, rogs, reiepriories, uestis, uidits, electroriic device	
☐ No	Describe-					
☐ Yes.	Describe					\$
	L					 :

	quipment, supplies you use in business, and tools of your trade		
☐ No			
☐ Yes. Describe			\$
·			
41. Inventory			
No Yes. Describe			7
Yes. Describe			
42. Interests in partnershi	ps or joint ventures		:
Yes. Describe			
		of ownership:	_
		%	\$
		% %	\$
			¥
	g lists, or other compilations		
No No No Nos Do your lists i	nclude personally identifiable information (as defined in 11 U.S.C. § 101(41A))?		
□ No	morade personally identifiable information (as defined in 11 0.3.0. § 101(41A))?		
Yes. Descr	ibe		7
			\$
44. Apur huginaga malatad k	property you did not already list		
No No	property you did not arready list		3
Yes. Give specific			C
information			\$
•			\$
			\$
			\$ <u></u>
			\$
			\$
45. Add the dollar value of	f all of your entries from Part 5, including any entries for pages you have attacl	hed	
for Part 5. Write that no	umber here		\$
	The second secon		ar in the second of the second
Part 6: Describe An	y Farm- and Commercial Fishing-Related Property You Own or Have have an interest in farmland, list it in Part 1.	an Interest Ir	l .
			3
	y legal or equitable interest in any farm- or commercial fishing-related propert	y?	: :
No. Go to Part 7. Yes. Go to line 47.			
Yes, Go to line 47.			。 1974年 建超级电影器 1988年 1
			Current value of the portion you own?
			Do not deduct secured claims
17. Farm animals			or exemptions.
Examples: Livestock, po	ultry, farm-raised fish		2 3 3
☐ No			
☐ Yes]
			\$
l _{m-}] Ψ <u> </u>

Case number (if known)

CHRISTINA

Jebtor 1

Debtor 1 CHRISTINA L. POT	<u> </u>	Case number (if known)	
48. Crops—either growing or harvested			
□ No			7
Yes, Give specific information			\$
49. Farm and fishing equipment, implements, machinery, fixtures	s, and tools of trade		- :
☐ No			7
			\$
50. Farm and fishing supplies, chemicals, and feed			!
□ No			: :
☐ Yes			
51. Any farm- and commercial fishing-related property you did not be No	ot already list		
Yes. Give specific information			\$
52. Add the dollar value of all of your entries from Part 6, includi	ing any entries for pages	s you have attached	\$
for Part 6. Write that number here		7	- Commission and the commission of the commissio
Part 7: Describe All Property You Own or Have	an Interest in That	You Did Not List Above	
53. Do you have other property of any kind you did not already li	ist?		· · · · · · · · · · · · · · · · · · ·
Examples: Season tickets, country club membership			:
☑ No ☐ Yes, Give specific			\$
information			\$
			\$
54. Add the dollar value of all of your entries from Part 7. Write tl	hat number here	······	\$
	ngunkada ingalaka ninu sa kalendahari ingalahiri ya ili ili ili ili ili ili ili ili ili il		regional and a second companion of the administration of the admin
Part 8: List the Totals of Each Part of this Form	•		
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2		······································	\$
56. Part 2: Total vehicles, line 5	\$100.00	<u>)</u>	
57. Part 3: Total personal and household items, line 15	\$5,850.00	<u>0</u>	
58. Part 4: Total financial assets, line 36	\$ <u>3,818.00</u>	<u>0</u>	
59. Part 5: Total business-related property, line 45	\$	_	
60. Part 6: Total farm- and fishing-related property, line 52	\$	_	
61. Part 7: Total other property not listed, line 54	+\$	-	
62. Total personal property. Add lines 56 through 61	\$9,768.00	O Copy personal property total	+\$ 9,768.00
			and the second s
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$ 9,768.00
The state of the s			·

Case number (if known)

CHRISTINA

Fill in this i	nformation to identify	your case:		."			
Debtor 1	CHRISTINA	L.	POTTS				•
Debtor 2	First Name	Middle Name	Last Name				
(Spouse, if filing	3) First Name	Middle Name	Last Name				
United States	Bankruptcy Court for the:	District of New Je	ersey				
Case numbe (If known)	·						Check if this is an
<u> </u>					J		amended filing
Official	Form 106C						
Sched	lule C: Th	e Prop	erty You	Claim	as Exen	npt	04/16
Using the pro space is need	te and accurate as pos- perty you listed on Scho ed, fill out and attach to d case number (if know	edule A/B: Proper o this page as ma	rty (Official Form 106.	A/B) as your s	ource, list the propert	ty that you claim	as exempt. If more
specific dollar of any application of any applica- retirement full limits the example would be limited.	n of property you clain ar amount as exempt. able statutory limit. So nds—may be unlimite emption to a particular ited to the applicable dentify the Propert	Alternatively, yo ome exemptions of in dollar amount of dollar amount of statutory amour	ou may claim the ful s—such as those fo unt. However, if you and the value of the nt.	l fair market v r health aids, claim an exe	alue of the property rights to receive ce mption of 100% of fa	/ being exempte rtain benefits, a air market value	ed up to the amount and tax-exempt e under a law that
☐ You	are claiming state and f are claiming federal exe property you list on S	emptions. 11 U.S	.C. § 522(b)(2)				
Brief de Schedu	scription of the propert le A/B that lists this pro		Current value of the portion you own	Amount of t	he exemption you cla	aim Specific	laws that allow exemption
. *			Copy the value from Schedule A/B	Check only o	ne box for each exem	ption.	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1
Brief descripti	on: VEHICLE		<u>\$ 100.00</u>	Ø \$ 100.			
Line from Schedul					fair market value, up licable statutory limit	o to	
Brief descripti	prsnl&hshd	items s	\$ 5,850.00	☑ \$ 5,85	 0.00		
Line from Schedule	1 15			☐ 100% of	fair market value, up licable statutory limit	o to	
Brief			** ** ***				
descripti	on: <u>tax refund</u>		<u>3,818.00</u>	2 1 \$ 3,81			
Line fron Schedule	n e <i>A/B:</i> <u>28</u>				fair market value, up licable statutory limit	o to	74. · · · · · · · · · · · · · · · · · · ·
(Subject ☑ No	claiming a homestead to adjustment on 4/01/1 Did you acquire the pro-	9 and every 3 ye	nore than \$160,375? ars after that for case	s filed on or at	•		

HRISTINA	L.	POTTS

rst Name Middle Name Last N

Case number (if known)_____

Part 2	2:

Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Swishic laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	\$	□ \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:		0 \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<u> </u>	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ \$	the second secon
Line from Schedule A/B:	U	☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		Q \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		D \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:		□\$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		□ \$	
Line from Schedule A/B: ———		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$ [□ \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$[] \$	
Line from Schedule A/B:	[100% of fair market value, up to any applicable statutory limit	:
Brief description:] \$	
Line from Schedule A/B: ———	į.	100% of fair market value, up to any applicable statutory limit	
Brief description:	\$ E		
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	

Fill in this	information to identify ye	our case:					
Debtor 1	CHRISTINA	L.	POTTS				
Desici	First Name	Middle Name	Last Name	-			
Debtor 2 (Spouse, if fill	ng) First Name	Middle Name	Last Name	- [
United State	es Bankruptcy Court for the: Di	istrict of New Jerse					
			•				
Case numb	ei						neck if this is an
						an	nended filing
Officia	al Form 106D						
		itore Whe	. Hava Claim	- C	al las Dras		
****	· · · · · · · · · · · · · · · · · · ·		Have Claim				12/15
Be as con information	nplete and accurate as po	ssible. If two man	ried people are filing toge tional Page, fill it out, num	ther, both are eq	ually responsible f	or supplying co	orrect
additional	pages, write your name a	and case number	(if known).	ber the citties, t	and attach it to this	torm. On ale (op or any
d Do ony	araditara baya alaima aa	numed by years and	moute 42				
	creditors have claims sec Check this box and submit		perty : art with your other schedules	S You have nothing	na else to renort on t	his form	
	. Fill in all of the information		ar mar your other denduction	o. Tou have noun	ing clac to report on	ana 101111.	
Part 1:	List All Secured Claim	s					
2. List all s	secured claims. If a credito	or has more than or	ne secured daim, list the cre	ditor separately	Column A	Column B	Column C
for each	claim. If more than one cre	editor has a particu	ılar claim, list the other cred	itors in Part 2.	Amount of claim Do not deduct the	Value of collar that supports	
As muci	as possible, list the claims	in alphabetical ord	der according to the creditor	's name.	value of collateral.	claim	If any 🕌 🖄
2.1		Describe	the property that secures th	ne claim:	\$	\$	\$\$
Creditor's	Name				1		
Number	Street						
		As of the	date you file, the claim is: 0	heck all that apply.	1		
		Contin	•	,,,,			
City	State ZIP	Oode Unliqu					
_	s the debt? Check one.	•					
Debtor		_	Tien. Check all that apply. reement you made (such as mo:	dadas or comired			
_	· 2 only	carloa		rigage or secured			
_	1 and Debtor 2 only		ory lien (such as tax lien, mecha	nic's lien)			
	st one of the debtors and anothe	,	nent lien from a lawsuit (including a right to offset)				
	t if this claim relates to a nunity debt				<u>-</u>		
	was incurred	Last 4 dig	its of account number				
2.2		Describe '	the property that secures th	e claim:	\$	\$	\$
Creditor's	Name			· · · · · · · · · · · · · · · · · · ·]		
Number	Street						
	*****	As of the	date you file, the claim is: C	heck all that apply.	J		
		Contin	▼				
City	State ZiP (Code Unliqui					
Who owe	s the debt? Check one.	·	lien. Check all that apply.				
☐ Debtor			nen. Check all that apply. reement you made (such as mo)	tasan or convend			
Debtor	2 only	car loa		tgage or secured			
	1 and Debtor 2 only	_	ory lien (such as tax lien, mecha	nic's lien)			
At leas	t one of the debtors and anothe		ent lien from a fawsuit (including a right to offset)				
	if this claim relates to a	Jan Cillel (meseaning a right to onsety		•		
	unity debt was incurred	Last 4 dio	its of account number				

Add the dollar value of your entries in Column A on this page. Write that number here:

Debtor 1 CHRISTINA First Name Middle Name	L. POTTS Case nur	mber (if known)	
Additional Page Part 1: After listing any entries on the by 2.4, and so forth.	tis page, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Colum Value of collateral Unset that supports this portic claim If any
Creditor's Name	Describe the property that secures the claim:	\$	\$
Number Street			<u> </u>
	As of the date you file, the claim is: Check all that apply. ☐ Contingent		
City State ZIP Code	Unliquidated Disputed		
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)		
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)		
At least one of the debtors and another	Judgment lien from a lawsuit		
Check if this claim relates to a community debt	Other (including a right to offset)		
Date debt was incurred	Last 4 digits of account number		
	Describe the property that secures the claim:		
Creditor's Name		<u> </u>	\$\$
Number Street	_		
	As of the date you file, the claim is: Check all that apply.		
	Contingent		
City State 71P Code	Unliquidated		
, oldic Zii Code	☐ Disputed		
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured		
Debtor 1 and Debtor 2 only	car loan)		
At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien)		
	Judgment lien from a lawsuit Other (including a right to offset)		
Check if this claim relates to a community debt	Care (including a light to onset)		
Date debt was incurred	Last 4 digits of account number		
Creditor's Name	Describe the property that secures the claim: \$		\$\$
Number Street			
	- As of the date you file, the claim is: Check all that apply.		
City State ZIP Code	Contingent Unliquidated		
	Disputed	•	
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
Debtor 1 only	An agreement you made (such as mortgage or secured		
Debtor 2 only	car loan)		
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)		
At least one of the debtors and another	Judgment lien from a lawsuit		
Check if this claim relates to a community debt	Other (including a right to offset)		
Date debt was incurred	Last 4 digits of account number		
Add the dollar value of your ontrio	S in Column A on this name Water that		

De	nt	or	. 1	

\sim	11		S	F11		Λ
1 .	_	т.		, ,,	N.	4

L..

Ρ	O	T	rs.

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection

Case number (if known)_____

Part 2: List Others to Be Notified for a Debt That You Already Listed

				On which line in Part 1 did you enter the creditor?
Name			,	Last 4 digits of account number
Number 5	Street			
City		State	ZIP Code	- -
	n de d'adaire de messer e en ser est en	ambilinings of thin series are around the metrode of well-blocks and when his	attennii tennomeni enemant.	On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number S	Street			_
City		State	ZIP Code	 -
		of the fact of the second release differen	t in an the contract of the antifered between the state of the state o	On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number 5	Street			_
City		State	ZIP Code	_
	The two results of the contract of the contrac	PTERFERENCE	e. Danachi, i militar a singeren professiologistic professional dia	On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number S	Street			_
City		State	ZIP Code	-
		MANAGEMENT OF A CONTRACT OF STREET O	- Committee of the second seco	On which line in Part 1 did you enter the creditor?
Name	· 			Last 4 digits of account number
Number S	street			_
City		State	ZIP Code	
	·			On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number S	itreet		•	-

F	ill in this i	nformation to identify ye	our case:			i			
	ebtor 1	CHRISTINA	L.		POTTS				
"	entori	First Name	Middle Name		Last Name				
	ebtor 2 Spouse, if filing) First Name	Mkddle Name		Last Name				
lυ	nited States	Bankruptcy Court for the: D	istrict of New Jer	sev					
		, ,		00,				☐ Chec	k if this is an
	ase number fknown)							amen	nded filing
$\overline{}$	£6; _ ; _ l l	400F/F				_		·	
		Form 106E/F ule E/F: Cred	didaya Mi	'b L	dovo Unoco	urad Clain	••		
2	cnea	uie E/F: Cred	aitors vv	no r	tave unsec	ured Clain	15		12/15
Lis A/E cre nec any	t the other 3: Property ditors with eded, copy y additiona	ete and accurate as pose party to any executory (Official Form 106A/B) a partially secured claim the Part you need, fill I all pages, write your namest All of Your PRIOR:	contracts or un and on Schedu as that are listed it out, number the and case num	nexpired le G: Ex l in Scho ne entrie nber (if l	l leases that could resu recutory Contracts and edule D: Creditors Who es in the boxes on the I known).	It in a claim. Also li Unexpired Leases (Have Claims Secur	st executory co Official Form 10 ed by Property.	ntracts on So 96G). Do not i . If more spac	chedule include any se is
1.	_	editors have priority un o to Part 2.	secured claims	against	you?				
	Yes.) to Part 2.							
2.	List all of	your priority unsecured							
		n listed, identify what type ramounts. As much as po							
	unsecured	I claims, fill out the Contin	uation Page of P	Part 1. If i	more than <mark>one</mark> creditor h	olds a particular claim			
	(For an ex	planation of each type of	claim, see the in	struction	is for this form in the inst	ruction booklet.)			
	_						Total claim	Priority amount	Nonpriority amount
2,1							œ.	•	•
	Priority Cre	ditor's Name		Last 4	digits of account numbe	r — — — —	\$	\$. \$
	Mumbar	Street		When v	was the debt incurred?				
	Number	Sireer		Ac of th	he date you file, the clair	n ie: Chook oil that anni			
				Cer	- · · · · · · · · · · · · · · · · · · ·	n is: Greek an mat appty	/.		
	City	State	ZIP Code		iauidated				
	_	urred the debt? Check one	.	Disp	· · · · · · · · · · · ·				
	U Debto	•							
	Debto	r 2 only r 1 and Debtor 2 only		• •	of PRIORITY unsecured	claim:			
		r i and Debtor 2 only st one of the debtors and and	other		nestic support obligations				
		k if this claim is for a con			es and certain other debts y				
			imanity acot		ims for death or personal inj xicated	ury while you were			
	Is the cia	im subject to offset?			er. Specify				
	Yes						•		
2.2				Lact 4	digits of account numbe		•	N-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	Priority Cre	ditor's Name					\$	\$	\$ <u></u>
	Number			vvnen v	vas the debt incurred?				
	Number	Street		As of th	he date you file, the clair	n is: Check all that apply	<i>t</i> .		
			_	☐ Con	ntingent				
	City	State	ZIP Code	Unli	iquidated				
	Who inci	rred the debt? Check one		🔲 Disp	puted				
	Debto	•		Type o	f PRIORITY unsecured	claim:			
	Debto				nestic support obligations				
		r 1 and Debtor 2 only st one of the debtors and and	athor.		es and certain other debts y	ou owe the government			
		st one of the debtors and and k if this claim is for a con		Clai	ims for death or personal inj				
			mumy uent		xicated				
	Is the cla	im subject to offset?		u Oth	er. Specify	the state of the s	-		

Part 1: Your PRIORITY Unsecured Claims — Continuation Page

	em beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority Nonpriorit amount
Priority Creditor's Name	Last 4 digits of account number	\$	\$
Number Street	When was the debt incurred?		.
	As of the date you file, the claim is: Check all that apply.		
	☐ Contingent		
City State ZIP Code	Unliquidated ,		
Who incurred the debt? Check one.	☐ Disputed		
Debtor 1 only	Type of PRIORITY unsecured claim:		
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations		
At least one of the debtors and another	Taxes and certain other debts you owe the government		
☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated		•
Is the claim subject to offset?	Other. Specify		
☐ No			
☐ Yes			
Priority Creditor's Name	Last 4 digits of account number	\$	\$\$
- Honey or cardo 3 regime	When was the debt incurred?		
Number Street			
	As of the date you file, the claim is: Check all that apply.	-	
City State ZIP Code	Contingent		
· Colo Zii Code	Unliquidated Disputed		
Who incurred the debt? Check one.	•		
Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only	Domestic support obligations		
☐ At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury while you were		
☐ Check if this claim is for a community debt	intoxicated		
Is the claim subject to offset?	Other. Specify		
□ No			
Yes			
Priority Creditor's Name	Last 4 digits of account number	5 \$	ss
Thomy Oreditor's Name	When was the debt incurred?		
Number Street			
	As of the date you file, the claim is: Check all that apply.		
City State ZIP Code	Contingent		
211 0000	Unliquidated Disputed		
Who incurred the debt? Check one.	·		
Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only	Domestic support obligations		
At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury white you were		
$oldsymbol{\square}$ Check if this claim is for a community debt	intoxicated Other. Specify		
Is the claim subject to offset?			
□ No			
☐ Yes			

Deb	tor 1 CHRISTINA L	Last Name		TTS Case number (# known)		
Pa	rt 2: List All of Your NONPRIO			ns		
	Do any creditors have nonpriority un No. You have nothing to report in the	secured o	laims against y	you?		
	nonpriority unsecured claim, list the cre	ditor separ ditor holds	ately for each cl	al order of the creditor who holds each claim. If a creditor had aim: For each claim listed, identify what type of claim it is. Do not m, list the other creditors in Part 3.If you have more than three no	t list clair	ns already
4.1	ADDITED DANK				Total	claim
لستا	APPLIED BANK Nonpriority Creditor's Name			Last 4 digits of account number	\$	1,324.00
	PO BOX 17125			When was the debt incurred? 02/01/2008		
 5 :	Number Street WILMINGTON	DE	19850			
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. ☑ Debtor 1 only			☐ Contingent☐ Unliquidated☐ Disputed☐		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
j	At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a commun	nity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	ls the claim subject to offset? ☑ No			Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT CARD	3	
	Yes					
4.2	ATLANTIC CITY ELECTRIC Nonpriority Creditor's Name			Last 4 digits of account number	\$	9,058.81
	PO BOX 13610			when was the debt incurred?		
i i	Number Street PHILADELPHIA	PA	19101	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	□ Contingent		
	Who incurred the debt? Check one. Debtor 1 only			☐ Unliquidated☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			 Student loans Obligations arising out of a separation agreement or divorce 		
-	Check if this claim is for a commun	nity debt		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset? ☑ No ☐ Yes			Other. Specify REPLACE UTILITY POLE	i	
4.3	ATLANTIC CITY ELECTRIC			Last 4 digits of account number 2 1 2 0		607.58
	Nonpriority Creditor's Name PO BOX 13610			When was the debt incurred?	\$	007.30
	Number Street PHILADELPHIA City	PA State	19101 ZIP Code	As of the date you file, the claim is: Check all that apply.		
:	Who incurred the debt? Check one.	State	ZIF Code	☐ Contingent		
:	Debtor 1 only Debtor 2 only			☐ Unliquidated☐ Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
-	At least one of the debtors and another			Student loans		
	Check if this claim is for a commun	ity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset? No Yes			☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify <u>ELECTRIC BILL</u>	i	

CHRISTINA

Case number (if know

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

BERLIN MEDICAL ASS	OCIATES, F	PA	Last 4 digits of account number H 0 0 0	\$_	27
175 CROSS KEYS RD	BLD 300 A		When was the debt incurred? 02/02/2016		
Number Street BERLIN	NJ	08009	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a control of the debtor and	another	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset? No Yes			☑ Other Specify MEDICAL BILL		
CAPITAL ONE BANK US	SA N		Last 4 digits of account number	\$	97
onpriority Creditor's Name 15000 CAPITAL ONE DF	~		When was the debt incurred? 10/01/2009		
umber Street RICHMOND	VA	23238	As of the date you file, the claim is: Check all that apply.		
iy /ho incurred the debt? Check o	State	ZIP Code	Contingent Unliquidated Disputed		
Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this claim is for a co			Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify CREDIT CARD		
No Yes					
ENTER FOR FAMILY G	UIDANCE		Last 4 digits of account number	\$	175
propriority Creditor's Name FOSTER AVE SUITE 1	01		When was the debt incurred? 09/01/2013		
mber Street SIBBSBORO y	NJ State	08026 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated		
ho incurred the debt? Check or Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	e.		☐ Disputed Type of NONPRIORITY unsecured claim:		
At least one of the debtors and ar Check if this claim is for a co			 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 		

Debtor	1	

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Case number (if known)_____

Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

Afte	r listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth. Total claim
4.7	COMCAST	Last 4 digits of account number \$ 380.00
-	Nonpriority Creditor's Name PO BOX 3001	When was the debt incurred? 01/01/2015
	Number Street SOUTHEASTERN PA 19398 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed
	☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim: Student loans
	□ At least one of the debtors and another□ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
·	Is the claim subject to offset? ☑ No	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify CABLE BILL
i.	Yes	
4.8	CREDIT ONE BANK	Last 4 digits of account number
	Nonpriority Creditor's Name PO BOX 98875	When was the debt incurred? 07/01/2008
:	Number Street LAS VEGAS NV 89193 City State ZIP Code	As of the date you file, the claim is: Check all that apply. — — Contingent
	Who incurred the debt? Check one. ✓ Debtor 1 only	Unliquidated Disputed
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim: Student loans
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
	ls the claim subject to offset? ☑ No	Other. Specify CREDIT CARD
آم م	Q Yes	¢ 412.00
4.9	FIRST PREMIER BANK Nonpriority Creditor's Name	Last 4 digits of account number
	601 SOUTH MINNESOTA AVE	When was the debt incurred? 12/01/2007
:	SIOUX FALLS SD 57104 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent
	Who incurred the debt? Check one.	Unliquidated Disputed
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that
	Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
:	Is the claim subject to offset? ☑ No ☐ Yes	☑ Other. Specify MEDICAL BILL

Case number (if known)_____

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

				6664.036 114.94
MIDLAND FUNDING			Last 4 digits of account number	s 5
Nonpriority Creditor's Name 2365 NORTHSIDE DF	STE 30		When was the debt incurred? 09/01/2013	*
Number Street SAN DIEGO	CA	92108	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Chec ☐ Debtor 1 only ☐ Debtor 2 only	State ck one.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors as	nd another		Student loansObligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for s the claim subject to offset ☑ No ☐ Yes	•		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT	
MIDLAND FUNDING L	LC FNA BANK	OF AMERICA	Last 4 digits of account number	s <u> 6</u>
8875 AERO DR STE 2	00		When was the debt incurred? 07/01/2008	
lumber Street SAN DIEGO	CA	92123	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a the claim subject to offset? No Yes	d another community debt		Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim; Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT	
AIDLAND FUNDING LI	C FNA WELLS	S FARGO	Last 4 digits of account number	\$63
onpriority Creditor's Name 875 AERO DR STE 20	00		When was the debt incurred? 12/01/2007	•
umber Street SAN DIEGO	CA	92123	As of the date you file, the claim is: Check all that apply.	
ty The incurred the debt? Check I Debtor 1 only	State	ZIP Code	Contingent Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and	l another		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a the claim subject to offset? No Yes	community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify MEDICAL BILL	

Debtor 1	CHRISTINA First Name Middle Name	L. Last Name	POTTS	Case number (# known)	
Part 2:	Your NONPRIORITY Unse			ion Page	
After listi	ing any entries on this page, no	ımber thei	m beginning with 4.2	i, followed by 4.5, and so forth:	Total claim
	NNEDY HEALTH			Last 4 digits of account number	\$ 738.00
•	nority Creditor's Name 5 Hurffville-Cross Keys Roa	ad		When was the debt incurred? 02/01/2014	
Numb		NJ	08012	As of the date you file, the claim is: Check all that apply.	
Cily Who Zi D D A	incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only at least one of the debtors and another Check if this claim is for a commute claim subject to offset?	State	ZIP Code	 Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify MEDICAL SERVICES 	
Nonpr	NNEDY HEALTH fority Creditor's Name 5 Hurffville-Cross Keys Roa	he		Last 4 digits of account number	\$ <u>925.00</u>
Numb		NJ	08012	As of the date you file, the claim is: Check all that apply.	
Who V D A	incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commute claim subject to offset?		ZIP Code	 □ Contingent □ Unliquidated ☑ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify CREDIT 	
	NNEDY HEALTH	**************************************	auti 1885 s.a. aut in Carabana 1884 son a' mais schainean 1884 son an 1886 son an 1884 son an 1886 son an 1886	Last 4 digits of account number	\$ 12,242.0 6
435	Hurffville-Cross Keys Roa	ad	<u> </u>	When was the debt incurred? 09/01/2016	
City Who	nersville incurred the debt? Check one.	NJ State	08012 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	

Student loans

□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 □ Debts to pension or profit-sharing plans, and other similar debts
 ☑ Other. Specify MEDICAL BILL

☑ No ☐ Yes

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

lacksquare Check if this claim is for a community debt

ebto	

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POTTS

Case number (if known)_____

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

KENNEDY HEALTH			Last 4 digits of account number	
Nonpriority Creditor's Name 435 Hurffville-Cross Ke	evs Road		When was the debt incurred? 09/01/2016	<u>\$ 2,3</u>
lumber Street			As of the date you file, the claim is: Check all that apply.	
Turnersville	NJ State	08012		
Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	k one.	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐ Type of NONPRIORITY unsecured claim:☐ Student loans	
At least one of the debtors an			Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a s the claim subject to offset? 			you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify MEDICAL SERVICES	
ŽÍ No J Yes				
MILLVILLE FAMILY DE	NISTRY		Last 4 digits of account number	s <u>3</u>
2144 N 2nd St			When was the debt incurred? 04/01/2013	
umber Street				
MILLVILLE	NJ	08332	As of the date you file, the claim is: Check all that apply.	
цу	State	ZIP Code	 ☐ Contingent ☐ Unliquidated 	
/ho incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only			☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans	
At least one of the debtors and Check if this claim is for a			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
the claim subject to offset?	•		Debts to pension or profit-sharing plans, and other similar debts Other. Specify DENTAL SERVICES	
Yes	u n arrend de la lacidad de la lacidad de lacidad de lacidad de lacidad de la lacidad de laci	ur Van Shadhada a Papig Proper awraway a gay a calla Marie Sanna		s 50
IONROE MUA npriority Creditor's Name	·		Last 4 digits of account number 0 1 7 4	
72 SOUTH MAIN STR	EET		When was the debt incurred? 06/05/2016	
VILLIAMSTOWN	NJ	08094	As of the date you file, the claim is: Check all that apply.	
y	State	ZIP Code	Contingent Unliquidated	
ho incurred the debt? Check	one.		☐ Disputed	
Debtor 1 only Debtor 2 only			Time of NONEDIODUTY	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		Student loans Obligations grising out of a consention appearance of the state of t	
Check if this claim is for a	community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?	`		Other. Specify WATER BILL	

<u> </u>					
Debtor 1	CHRISTINA First Name Middle Name	L. Last Nam	POTTS	Case number (# known)	
Part 2:	Your NONPRIORITY U	Insecured C	laims — Continuati	on Page	
OF None PC Number TR City	FICE OF THE PUBLIC denoity Creditor's Name BOX 850 Der Street ENTON Debtor 1 only Debtor 2 only At least one of the debtors and are Check if this claim is for a cone claim subject to offset?	NJ State e.		Last 4 digits of account number 8 7 3 1 When was the debt incurred? 02/12/2013 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify LEGAL SERVICES	Total cleim \$ 1,000.00
	RIDE FINANCIAL LLC	high happing the control of the cont	and the second s	Last 4 digits of account number	\$ 1,692.64
PC Numi	D BOX 182 ber Street		07020	When was the debt incurred? 02/01/2015 As of the date you file, the claim is: Check all that apply.	
(Cily Who	/INGSTON o incurred the debt? Check or Debtor 1 only	NJ State ne.	07039 ZIP Code	□ Contingent □ Unliquidated □ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	ne claim subject to offset? No			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify CREDIT	
	ARYLAND TRANSPOF	RTATION AL	JTHORITY	Last 4 digits of account number 0 1 7 4	\$ 200.00
-	BOX 17600			When was the debt incurred? 04/18/2016	
	LTIMORE	MD State	21297 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent	

Who incurred the debt? Check one.

Disputed

Disputed

Type of NONPRIORITY unsecured claim:

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

☑ No ☐ Yes Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

ST OF NJ SURCHARGE V	ΙΟΙ ΑΤΙΟ	N SVSTEM	Last 4 digits of account number 9 8 2 5	.coen,raf
Nonpriority Creditor's Name	OLATIO	NOTOTEM		<u>\$_2</u>
PO BOX 4850 Number Street			When was the debt incurred? 04/17/20 \$2	
TRENTON	NJ	08650	As of the date you file, the claim is: Check all the poly.	
Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated Disputed	
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another.	ner	•	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divergent.	
☐ Check if this claim is for a comm Is the claim subject to offset? ☑ No ☐ Yes	nunity debt	.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Other. Specify MOTOR VEHICLE SURCHAF	1. 4.
DORIS SANZA	18-		Last 4 digits of account number 1 8 9 5	* -
Nonpriority Creditor's Name 224 MAIN STREET			When was the debt incurred? 04/17/2012	
NewPort	NJ	08345	As of the date you file, the claim is: Check all that apply.	
Olty Who incurred the debt? Check one.	State	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed	3
Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anothe			Type of NONPRIORITY unsecured claim: Student loans	
Check if this claim is for a comm the claim subject to offset? No Yes			 □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify PROPERTY DAMAGE 	
en e	eng sastal kindidaksiya parama	Allemanton, a la pal de la completa que produzione de propose de la completa que produzione de la completa del completa de la completa de la completa del completa de la completa del la completa de la completa del la completa de la		The second second
UNIVERSITY OF MARYLAN on priority Creditor's Name	D	·· <u>····</u>	Last 4 digits of account number 0 1 7 4	\$
O BOX 41427 unber Street			When was the debt incurred? 04/18/2016	
ALTIMORE	MD State	ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent	
ho incurred the debt? Check one. Debtor 1 only			☐ Unliquidated ☐ Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecured claim: Student loans	
Check if this claim is for a commu			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify PARKING TOLL	

Debtor	1

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Case number (it known)_____

Part 2

Your NONPRIORITY Unsecured Claims — Continuation Page

			ender of the Archivers	10050	43%
SYNCB/WALMART			Last 4 digits of account number	\$	4
Nonpriority Creditor's Name PO BOX 32896			When was the debt incurred? 06/01/2010		
Number Street ORLANDO	FL	32896	As of the date you file, the claim is: Check all that apply.		
City	State	ZiP Code	Contingent		
Who incurred the debt? Chec	ck one.		☐ Unliquidated ☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors as	nd another		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for	a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
ls the claim subject to offset ✓	?		Other. Specify CREDIT CARD		
⊠ No □ Yes					
WASHINGTON TWP A	AMPLILANCE A	seeoc	Last 4 digits of account number 5 6 7 0	\$	7.
VVASHING LON TVVF A Nonpriority Creditor's Name	AMBULANCE A	13300	05/04/0040	т	
PO BOX 29013			When was the debt incurred? U5/U1/2016		
NEWARK	NJ	07101	As of the date you file, the claim is: Check all that apply.		
Dity	State	ZIP Code	☐ ☐ Contingent☐ Unliquidated		
Who incurred the debt? Chec	ck one.		Disputed		
Debtor 1 only			Time of NONDDIODITY time cutted deliver		
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim: Student loans		
At least one of the debtors a	nd another		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for	a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
is the claim subject to offset	?,		Other Specify MEDICAL SERVICES		
☑ No □ Yes					
WILLIAMSTOWN PET	NATOLO DO AO	TICE	Last 4 digits of account number 9 4 3 4	\$	4
Nonpriority Creditor's Name		1101			
925 S BLACK HORSE	PIKE		When was the debt incurred? 06/23/2016		
WILLIAMSTOWN	NJ	08094	As of the date you file, the claim is: Check all that apply.		
Dity	State	ZIP Code	Contingent		
Who incurred the debt? Chec	k one.		☐ Unliquidated ☐ Disputed		
Debtor 1 only					
Debtor 2 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors ar	d another		 □ Student loans □ Obligations arising out of a separation agreement or divorce that 		
Check if this claim is for a	community debt		you did not report as priority claims		
s the claim subject to offset	?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify MEDICAL SERVICES		

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

ST OF DELAWARE DI	EPT OF TRAN	SPORTATION	Last 4 digits of account number 1 1 -7 2	\$
PO BOX 697			When was the debt incurred? 04/17/2016	
lumber Street DOVER	· DE	19903	As of the date you file, the claim is: Check all that apply.	
ity Who incurred the debt? Chec	State k one.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unaecured staim:	
Debtor 1 and Debtor 2 only At least one of the debtors an	d		☐ Student loans	
Check if this claim is for a		·	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
s the claim subject to offset			Debts to pension or profit-sharing plans, and other similar debts Other. Specify TOLLS	
ŹÍNo ĴIYes				
- 17 d a 17 ² d — a combinember of decape remains dech helpfolight you have being a	· ·		Last 4 digits of account number	<u></u>
onpriority Creditor's Name			When was the debt incurred?	
umber Street			As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	☐ Contingent	
/ho incurred the debt? Check	cone.		☐ Unliquidated ☐ Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured ciam:	
At least one of the debtors an	d another		☐ Student toans ☐ Obligations arising out of a separation referement or divorce that	
Check if this claim is for a	•		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset? No Yes			Other. Specify	
WARACAMINA CHILLIAN III COLO CALLA C	o	the transfer of the second sec	Last 4 digits of account number	\$
onpriority Creditor's Name			When was the debt incurred?	
umber Street			As of the date you file, the claim is: Check all the apply.	
ity	State	ZIP Code	Contingent	
The incurred the debt? Check	one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and	i another		☐ Student loans	
Check if this claim is for a			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
the claim subject to offset?	-		Debts to pension or profit-sharing plans, and other similar tebts Other. Specify	

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Case number (if known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

YOUNGBLOOD FRAN	KLIN SAMF	POLI	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims 2 Part 2: Creditors with Nonpriority Unsecured Claim			
Name	200					
1201 NEW ROD STE 2	230					
number Street			ran z. Crednors with nonphority offsecured Claim			
LINWOOD	NJ	08221	Last 4 digits of account number			
City		ZIP Code				
QUALITY ASSET REC	OVERY		On which entry in Part 1 or Part 2 did you list the original creditor?			
7 FOSTER AVE STE 1	01		Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims			
Number Street	ñ		Part 2: Creditors with Nonpriority Unsecured Claims			
GIBBSBORO	NJ State	08026 ZIP Code	Last 4 digits of account number			
SOUTHWEST CREDIT	Γ SYSTEMS	3	On which entry in Part 1 or Part 2 did you list the original creditor?			
Name			Line 47 of (Charle ann) D. Dort 1. Creditors with Driving Uncourred Claims			
4120 INTERNATIONA	LPKWY		Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured			
Tanibal Silver			Claims			
	TX State	75007 ZIP Code	Last 4 digits of account number			
PRESSLER & PRESS	, at more than the property of the contract than the	ZIP CODE	On which entry in Part 1 or Part 2 did you list the original creditor?			
Name			_			
7 ENTIN RD			Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims			
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims			
PARSIPPANY	NJ	08054	Last 4 digits of account number 1 4 1 8			
City	State	ZIP Code				
PRESSLER & PRESS! Name	LER		On which entry in Part 1 or Part 2 did you list the original creditor?			
7 ENTIN RD			Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims			
Number Street			Part 2: Creditors with Nonpriority Unsecured			
		, ,	Claims			
PARSIPPANY	NJ State	08054 ZIP Code	Last 4 digits of account number			
FINANCIAL RECOVER	A PROPERTY OF THE PROPERTY OF	gare	On which entry in Part 1 or Part 2 did you list the original creditor?			
Name 200 E PARK DR STE	100		Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims			
Number Street	100		Part 2: Creditors with Nonpriority Unsecured			
			Claims			
MOUNT LAUREL	NJ State	08054 ZIP Code	Last 4 digits of account number			
FINANCIAL RECOVER	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I		On which entry in Part 1 or Part 2 did you list the original creditor?			
Name 200 E PARK DR STE	100		Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims			
Number Street			Part 2: Creditors with Nonpriority Unsecured			
			Claims			
MOUNT LAUREL	NJ	08054	Last 4 digits of account number			
City	State	ZIP Code	<u></u>			

CHRISTINA First Name } .

POTTS

Case number (if known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

FINANCIAL RECOVERIES Name 200 E PARK DR STE 100			On which entry in Part 1 or Part 2 did you list the original creditor?		
			Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
lumber Street			☑ Part 2: Creditors with Nonpriority Unsecured Claims		
MOUNT LAUREL	NJ	08054	Last 4 digits of account number		
ity	State	ZIP Code			
TROJAN PROFESSIO	NAL SE		On which entry in Part 1 or Part 2 did you list the original creditor?		
1410 CERRITOS AVE			Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
umber Street			☑ Part 2: Creditors with Nonpriority Unsecured Claims		
LOS ALAMITOS	CA State	90720 ZIP Code	Last 4 digits of account number		
FEIN, SUCH, KAHN &	SHEPARD	, PC	On which entry in Part 1 or Part 2 did you list the original creditor?		
^{ame} 7 CENTURY DR SUITI	E 201		Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
umber Street			Part 2: Creditors with Nonpriority Unsecured Claims		
PARSIPPANY	NJ State	07054 ZIP Code	Last 4 digits of account number		
PROFESSIONAL ACC		armangalahi Mempagalah palaha	On which entry in Part 1 or Part 2 did you list the original creditor?		
PO BOX 3032 umber Street			Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
MILWAUKEE	WI State	53201 ZIP Code	Last 4 digits of account number		
GC SERVICES LIMITE	ED PARTN	ERSHIP	On which entry in Part 1 or Part 2 did you list the original creditor?		
ame 6330 GULFTON		_	Line 4.25 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
tumber Street	·····		☑ Part 2: Creditors with Nonpriority Unsecured		
JOHOTON	77.7	77004	Claims		
HOUSTON	TX State	77081 ZIP Code	Last 4 digits of account number 9 8 2 2		
QUALITY ASSET REC			On which entry in Part 1 or Part 2 did you list the original creditor?		
7 FOSTER AVE STE 1	01		Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
lumber Street	,		Part 2: Creditors with Nonpriority Unsecured Claims		
GIBBSBORO	NJ State	08026 ZIP Code	Last 4 digits of account number		
ame			On which entry in Part 1 or Part 2 did you list the original creditor?		
umber Street			Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
Inniver Otteet			Part 2: Creditors with Nonpriority Unsecured Claims		
city	NJ State	ZIP Code	Last 4 digits of account number		

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim 6a. Domestic support obligations 6a. 0.00 Total claims from Part 1 6b. Taxes and certain other debts you owe the 6b. 0.00 government 6c. Claims for death or personal injury while you were intoxicated 6c. 0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 6e. Total. Add lines 6a through 6d. 6e. 0.00 Total claim 6f. Student loans 6f. 0.00 6g. Obligations arising out of a separation agreement

- **Total claims** from Part 2
- or divorce that you did not report as priority
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

- 0.00 6g.
- 0.00 6h.
- 42,849.32
- 6j. 42,849.32

Fill	in this ir	formation to id	entify your	case:			
Deb	tor	CHRISTINA			POTTS		
	tor 2	First Name		de Name	Last Name		
	use If filing) ed States	First Name Bankruptcy Court f		t of New Jersey	Last Name		
Cas	e number						☐ Check if this is an
(if k	nown)						amended filing
О н	::aial F	Towns 106	<u></u>				
		Form 106		ory Cont	tracte and	Unexpired Leases	12/15
Be as infor addit	s complemation. It ional particular particul	te and accurate f more space is ges, write your have any execut theck this box ar Fill in all of the in trately each per trent, vehicle le	e as possible ineeded, co name and co tory contracted file this for not file this for not come	e. If two married py the addition ase number (if he ts or unexpired m with the court elow even if the count with whom	I people are filing tog al page, fill it out, nui (nown). leases? with your other sched ontracts or leases are	ether, both are equally responsible for supplement the entries, and attach it to this page. Iteles. You have nothing else to report on this fullisted on Schedule A/B: Property (Official Foract or lease. Then state what each contract in the instruction booklet for more examples.	oplying correct On the top of any orm. m 106A/B). or lease is for (for
			ń whom you	have the contra	act or lease	State what the contract or lease is LEASE FOR APARTMENT WHE	
	Name	AILROAD A	/F APT B			RAILROAD AVE APT A, WILLIAM	
	Number	Street AMSTOWN	NJ	08094			
	City	WOTOWN	State	ZiP Code	namentum nakon noo kakka moo kakka noo kaka ka kaka ka ka ka ka ka ka ka ka ka	egg appearet katt sjan hat sjølke i de en en katte kan kale kan kalle for en de fin en de fin de fin de kallende kan	initia, ratioa (astronio) associati di dicele (especiale) della colta di colorita (i colorita) della colorita
2.2							
	Name						
	Number	Street					
2.3	City		State	ZIP Code		neruka sarupa pripap 1981 i par jamanan dandaminganakakakkinida mandari mekadandan kebasakan	on continues on the state of th
2.5	Name						
	Number	Street					
	City		State	ZIP Code			
2.4	O.,			, , , , , , , , , , , , , , ,	त्रकः त्रा या वारणात्रीत् रहण्यान् महाराष्ट्रात्र भवाकुक्तर राज्येन्द्रवीत्रक करते हर प्रकार प	ang tagan na sa	The second se
	Name						
	Number	Street					
	City	on the state of th	State	ZIP Code	istorica (51), popular segundos em compensor caso d	менный да из это 1800 март. — 15 г. 1800 мар (прораджавания) при	en inner den errier i kerlin fannen mer mann i den en arreier erramprom p
2.5			,				
	Name						
	Number	Street					
	City		State	7ID Code			

Fill in th	is informa	ation to ident	ify your case:					
Debtor 1		RISTINA	L.		POTTS			
Debtor 2	First N	ime	Middle Name		Last Name			
	filing) First N	ame	Middle Name		Last Name			
United Sta	ates Bankru	ptcy Court for th	e: District of New	Jersey				
Case num (If known)					 ·		☐ Check if t	.,
							amended	l filing
Officia	al Forr	n 106H	_					
Sche	dule	H: You	ır Codek	otors				12/15
are filing and numb	together, ber the en	both are equi tries in the bo	ally responsible	for supplyi Attach the	ng correct inforr	nation. If mor	omplete and accurate as possible. If two marric e space is needed, copy the Additional Page, fi On the top of any Additional Pages, write your	II it out,
		ny codebtors	? (If you are filing	a joint case	e, do not list eithe	r spouse as a	odebtor.)	
2 21 N □ Y								
— '		t 8 years, hav	e you lived in a	community	property state o	r territory? (C	ommunity property states and territories include	
Arizo	ona, Califor	rnia, Idaho, Lo					on, and Wisconsin.)	
	lo. Go to li				. 0 . 101			
	•	our spouse, for	mer spouse, or le	egal equival	ent live with you a	it the time?		
	☑ No ☐ Ves In	which commu	nity state or territ	ony did you l	live?	Fil	in the name and current address of that person.	
•	103.111	WINON COMMINA	mity state or term	ory and you		, , , ,,	in the halfe and earlier address of that person.	
				- Landard				
	Name or	your spouse, rorm	er spouse, or legal equ	nvalent				
	Number	Street		· · · · · · · · · · · · · · · · · · ·				
	City			ate		Code		
shov Sche	vn in line edule D (C	2 again as a o Official Form :	codebtor only if	that persor <i>E/F</i> (Officia	n is a guarantor o	or cosigner. N	our spouse is filing with you. List the person ake sure you have listed the creditor on i (Official Form 106G). Use Schedule D,	
Col	umn 1: Yo	ur codebtor			en e	2 .	Column 2: The creditor to whom you owe th	e debt
				*			Check all schedules that apply:	
3.1 Nar							Schedule D, line	
IVal	me						Schedule E/F, line	
Nur	mber	Street					Schedule G, line	
City	y .	,		Slate		IP Code		
3.2							Schedule D, line	
Nar	iiig.						☐ Schedule E/F, line	
Nur	mber	Street					☐ Schedule G, line	
City	у			State	Z	IP Code		
3.3							Cabadula B E	
Nar	me						Schedule D, line	
Nur	mber	Street					Schedule G, line	
							- Goriedate O, title	
City	у			State	Z	IP Code	- 1	

Fill in this	information to identify	your case:				
Debtor 1	CHRISTINA	L.	POTTS			
	First Name	Middle Name	Last Name		_	
Debtor 2 (Spouse, if fili	ng) First Name	Middle Name	Last Name		- '	
United State	es Bankruptcy Court for the:	District of New Jersey				
Case numb	er				Check i	
(······································		mended filing
						pplement showing postpetition chapter 13 me as of the following date:
Official I	Form 106l				MM /	DD / YYYY
Sche	dule I: You	ır Income				12/15
supplying of	correct information. If yo	ou are married and not filir ise is not filing with you, d top of any additional page	ig jointly, and yo o not include inf	ur spo ormat	ouse is living witl ion about vour si	otor 2), both are equally responsible for n you, include information about your spouse. nouse. If more space is needed, attach a f known). Answer every question.
1. Fill in ye	our employment		Debtor 1			Debtor 2 or non-filing spouse
attach a	ave more than one job, separate page with ion about additional ers.	Employment status	☑ Employed	ed		☐ Employed ☐ Not employed
	part-time, seasonal, or bloyed work.					
Occupa	tion may include student maker, if it applies.	Occupation	file clerk		**************************************	
:		Employer's name	HOFFMAN L	.AW (OFFICE LLC	
:		Employer's address	713 E LANDI	IS AV	'E	Number Street
			PO BOX 110	6		
			VINELAND City	State	NJ 08362 ZIP Code	City State ZIP Code
		How long employed there	e? <u>7 MO</u>			7 MO
Part 2:	Give Details About	Monthly Income				
spouse If you or	unless you are separated your non-filing spouse ha	•	r, combine the info	-		write \$0 in the space. Include your non-filing s for that person on the lines
					For Debtor 1	For Debtor 2 or non-filing spouse
		ary, and commissions (bef calculate what the monthly		2.	\$_1,350.40	\$
3. Estima	ate and list monthly ove	rtime pay.		3.	+\$	+ \$
4. Calcul	ate gross income. Add li	ne 2 + line 3.		4.	\$ <u>1,350.40</u>	\$

Debtor	1	

CHRISTINA	L
OI 11 (10 1 11 1/1)	

Case number (if known)_____

		For Debtor 1	For Debtor 2 or non-filing spouse			
Copy line 4 here	≯ 4.	\$ <u>1,350.40</u>	\$,		
5. List all payroll deductions:				:		
5a. Tax, Medicare, and Social Security deductions	5a.	\$ 124.68	\$			
5b. Mandatory contributions for retirement plans	5b.	\$	\$			
5c. Voluntary contributions for retirement plans	5c.	\$	\$,		
5d. Required repayments of retirement fund loans	5d.	\$	\$:		
5e. Insurance	5e.	\$	\$			
5f. Domestic support obligations	5f.	\$	\$			
5g. Union dues	5g.	\$	\$			
5h. Other deductions. Specify:	5h.	+\$	+ \$			
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$124.68	\$			
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 1,225.72	\$	1 P		
8. List all other income regularly received:						
8a. Net income from rental property and from operating a business, profession, or farm						
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	\$			
8b. Interest and dividends	8b.	\$	\$			
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	ent			Property and A. A. B. Const.		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$	· ·		
8d. Unemployment compensation	8d.	\$	\$			
8e. Social Security	8e.	\$	\$			
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
Specify:	8f.	\$	\$			
8g. Pension or retirement income	8g.	\$	\$	to the control of the		
8h. Other monthly income. Specify:	8h.	+\$	+\$			
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ 0.00	\$			
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$1,225.72	+ \$	= \$ 1,225.72		
11. State all other regular contributions to the expenses that you list in Sched	dule J	.				
Include contributions from an unmarried partner, members of your household, y friends or relatives.			·			
Do not include any amounts already included in lines 2-10 or amounts that are Specify:	not a	/ailable to pay exper	ses listed in Schedule J. 11. '	+ \$		
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S			-	\$ 1,225.72 Combined		
13. Do you expect an increase or decrease within the year after you file this t	orm?			monthly income		
Yes. Explain: MY EMPLOYER IS RETIRING AND I WILL BE UNEMPLOYED IN ABOUT 4 WEEKS						

Fill in this information to identify	your case:					
Debtor 1 CHRISTINA First Name	L. POTTS Middle Name Last Name	Check if this	s is:			
Debtor 2		——— An amer				
(Spouse, if filing) First Name United States Bankruptcy Court for the:	Middle Name Last Name District of New Jersey	☐ A supple	A supplement showing postpetition chapter 13 expenses as of the following date:			
Case number		MM / DD		,		
(If known)						
Official Form 106J	_					
Schedule J: Yo	ur Expenses			12/15		
	ossible. If two married people are fili led, attach another sheet to this form					
Part 1: Describe Your Ho	usehold					
1. Is this a joint case?						
☑ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a	separate household?					
☐ No ☐ Yes. Debtor 2 must fi	le Official Form 106J-2, Expenses for S	eparate Household of Debtor 2.				
Do you have dependents? Do not list Debtor 1 and	☐ No ☑ Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?		
Debtor 2. Do not state the dependents' names.	each dependent	DAUGHTER	14	☐ No ☑ Yes		
nanies.		SON	9	☐ No ☑ Yes		
			es montenes modernamente de la constitución de la c	☐ No ☐ Yes		
			. <u></u>	☐ No		
				☐ Yes ☐ No		
				Yes		
Do your expenses include expenses of people other than yourself and your dependents?	☑ No ☐ Yes					
Part 2: Estimate Your Ongo	ing Monthly Expenses					
	r bankruptcy filing date unless you a	re using this form as a supplem	nent in a Chapter 13	case to report		
expenses as of a date after the bar applicable date.	nkruptcy is filed. If this is a suppleme	ental Schedule J, check the box	at the top of the form	n and fill in the		
••	n-cash government assistance if you	know the value of				
such assistance and have include	d it on Schedule I: Your Income (Offi	cial Form 106l.)	Your expe	nses		
 The rental or home ownership any rent for the ground or lot. 	expenses for your residence. Include	first mortgage payments and	4. \$	950.00		
If not included in line 4:			_			
4a. Real estate taxes			4a. \$			
4b. Property, homeowner's, or			· · · ·			
4c. Home maintenance, repair,			4c. \$			
4d. Homeowner's association of	or condominium dues		4d. \$			

CHRISTINA	L.	POTTS
		

Your expenses 5. Additional mortgage payments for your residence, such as home equity loans 6. Utilities: 350.00 6a. Electricity, heat, natural gas 6b. 61.00 Water, sewer, garbage collection 200.00 Telephone, cell phone, Internet, satellite, and cable services Other. Specify: 6d. 300.00 7. Food and housekeeping supplies 7. Childcare and children's education costs Clothing, laundry, and dry cleaning 60.00 10. Personal care products and services Medical and dental expenses 11. 12. Transportation. Include gas, maintenance, bus or train fare. 75.00 12. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. 15a. Life insurance 15b. Health insurance 15b. 45.00 15c. Vehicle insurance 15c 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _ 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:_ 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. 20b. 20ь. Real estate taxes 20c 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d.

Case number un

20e. Homeowner's association or condominium dues

20e.

Debtor 1 CHRISTINA L. POTTS First Name Middle Name Cast Name Cast Name	se number (il known)
21. Other. Specify:	21. + \$
22. Calculate your monthly expenses.	
22a. Add lines 4 through 21.	22a. \$ 2,016.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b. \$
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. \$ <u>2,016.00</u>
23. Calculate your monthly net income.	s 1,225.72
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$
23b. Copy your monthly expenses from line 22c above.	^{23b.} -\$ 2,016.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$
24. Do you expect an increase or decrease in your expenses within the year after you file t	this form?
For example, do you expect to finish paying for your car toan within the year or do you expect mortgage payment to increase or decrease because of a modification to the terms of your modification to the terms of your modification.	
☑ No.	· · · · · · · · · · · · · · · · · · ·
☐ Yes. Explain here:	

Fill in this in	formation to identif	fy your case:		
Debtor 1	CHRISTINA First Name	L, Middle Name	POTTS Last Name	·
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court for the	e: District of New Jer	sey	
Case number (If known)				

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay someone who is NOT an	attorney to help you fill out bankruptcy forms?	:
☑ No		:
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and	:
	Signature (Official Form 119).	
		:
		1
Under penalty of perjury, I declare that I have read th	e summary and schedules filed with this declaration and	
that they are true and correct.		
Amutina Polts		
(Musical Folias	4.0	
CHRISTINA L. POTTS	*	
Signature of Debtor 1	Signature of Debtor 2	!
Date 02/01/2017		
Date 02/01/2017 MM / DD / YYYY	Date MM / DD / YYYY	

ill in this i						
	information to identify	y your case:				
	CHRISTINA	1	POTTS			
ebtor 1	First Name	Middle Name	Last Name			
ebtor 2 pouse, if filing	g) First Name	Middle Name	Last Name			
	s Bankruptcy Court for the	: District of New Jerse	9V			
			•			
ise numbe known)						Check if this is an amended filing
				<u> </u>		4
fficial	Form 107					
		ncial Affair	s for Individ	uals Filing for	Bankruptcy	04/1
ormation. nber (if k	. If more space is need (nown). Answer every	eded, attach a separa · question.	ed people are filing to te sheet to this form. (tus and Where You	gether, both are equally r On the top of any addition Lived Before	esponsible for supplying aal pages, write your nar	g correct ne and case
	your current marital	. <u></u>	as and there roa			
		status.				
☐ Mar	ried married					
			·			
⊻ Yes	s. List all of the places y	you lived in the last 3 y	ears. Do not include wh	iere you live now.		
De	ebtor 1:		Dates Debtor 1 D lived there	mana Afrika da ayan kara ya	Solvent of transportation with the second of	Dates Debtor 2 lived there
Di	ebtor 1:		lived there	ebtor 2:	e o ekkir o miranye farika buda Pinangan o ekkir o ekkir o ekkir Pinangan o ekkir o ekkir o ekkir o	
	ebtor 1: 1050 S BLACK HO	ORSE PIKE	lived there	ebtor 2:	e ekkir mir <u>ane</u> tertedik a Tirik kirilingan	lived there
		ORSE PIKE	lived there	ebtor 2:		lived there
	1050 S BLACK HO	ORSE PIKE	From 02/01/2013	ebtor 2:		lived there ☐ Same as Debtor From
N	1050 S BLACK HO	ORSE PIKE NJ 08094	From 02/01/2013	ebtor 2; Same as Debtor 1 Number Street		lived there ☐ Same as Debtor From
	1050 S BLACK HO lumber Street		From 02/01/2013	ebtor 2:	State ZIP Code	lived there ☐ Same as Debtor From
	1050 S BLACK HO lumber Street WILLIAMSTOWN	NJ 08094	From 02/01/2013 To 07/01/2015	ebtor 2; Same as Debtor 1 Number Street	State ZIP Code	Same as Debtor From To
	1050 S BLACK HO lumber Street WILLIAMSTOWN	NJ 08094	From 02/01/2013 To 07/01/2015	ebtor 2: Same as Debtor 1 Number Street City	State ZIP Code	Same as Debtor From To Same as Debtor
	1050 S BLACK HO lumber Street WILLIAMSTOWN	NJ 08094	From 02/01/2013 To 07/01/2015 From	ebtor 2: Same as Debtor 1 Number Street City	State ZIP Code	Same as Debtor From To
	1050 S BLACK HO lumber Street WILLIAMSTOWN	NJ 08094	From 02/01/2013 To 07/01/2015	Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Same as Debtor From To Same as Debtor From
	1050 S BLACK HO lumber Street WILLIAMSTOWN	NJ 08094	From 02/01/2013 To 07/01/2015 From	Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Same as Debtor From To Same as Debtor From
N 0	1050 S BLACK HO lumber Street WILLIAMSTOWN	NJ 08094	From 02/01/2013 To 07/01/2015 From	Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Same as Debtor From To Same as Debtor From
No N	1050 S BLACK HO lumber Street WILLIAMSTOWN Sity Street	NJ 08094 State ZIP Code State ZIP Code you ever live with a s Arizona, California, Ida	From 02/01/2013 To 07/01/2015 From To From To pouse or legal equival ho, Louisiana, Nevada,	Same as Debtor 1 Number Street City Same as Debtor 1 Number Street City City City Rumber Street	State ZIP Code	Same as Debtor From To Same as Debtor From To To To To
N N N N N States a M No	1050 S BLACK HO lumber Street WILLIAMSTOWN Sity Street	NJ 08094 State ZIP Code State ZIP Code you ever live with a s Arizona, California, Ida	From 02/01/2013 To 07/01/2015 From From To	Same as Debtor 1 Number Street City Same as Debtor 1 Number Street City City City Rumber Street	State ZIP Code	Same as Debtor From To Same as Debtor From To To To
N N N N No No No	1050 S BLACK HO lumber Street WILLIAMSTOWN Sity Street	NJ 08094 State ZIP Code State ZIP Code you ever live with a s Arizona, California, Ida	From 02/01/2013 To 07/01/2015 From To From To pouse or legal equival ho, Louisiana, Nevada,	Same as Debtor 1 Number Street City Same as Debtor 1 Number Street City City City Rumber Street	State ZIP Code	Same as Debtor From To Same as Debtor From To To To

Debtor	1	

		the state of the s
CHRISTINA	L.	POTTS

Case number (if known)	
------------------------	--

Fill in the total amount of income you received If you are filing a joint case and you have inco	ome that you receive toget	her, list it only once unde	a Debior I.	
☑ No ☑ Yes. Fill in the details.				
	Debtor 1		Debtor2	
	Sources of Income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and⊚ exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$844.00	Wages, commissions, bonuses, tips Operating a business	\$
For last calendar year:	Wages, commissions, bonuses, tips	\$ 6,115.31	Wages, commissions, bonuses, tips	\$
(January 1 to December 31,2016 YYYY	Operating a business	angagaman sansanna alamin alamin sansan	Operating a business	z z z z z z z z z z z z z z z z z z z
For the calendar year before that:	Wages, commissions, bonuses, tips	s 20,478.00	Wages, commissions, bonuses, tips	¢
(January 1 to December 31, 2015	Operating a business	<u> 20,410.00</u>	Operating a business	Ψ
Include income regardless of whether that inc unemployment, and other public benefit payn gambling and lottery winnings. If you are filing List each source and the gross income from a	come is taxable. Examples nents; pensions; rental inc g a joint case and you hav	s of other income are alin ome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once	uits; royalties; and
Did you receive any other income during to Include income regardless of whether that incunemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from the No	come is taxable. Examples nents; pensions; rental inc g a joint case and you hav	s of other income are alin ome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once	uits; royalties; and
Include income regardless of whether that incunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No	come is taxable. Examples nents; pensions; rental incog a joint case and you have each source separately. D	s of other income are alin ome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once t you listed in line 4.	uits; royalties; and
Include income regardless of whether that incunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No	come is taxable. Examples nents; pensions; rental inouga joint case and you have each source separately. Debtor 1	s of other income are alinome; interest; dividends; e income that you receive not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Deptor:2	uits; royalties; and a under Debtor 1. Gross income from each source. (before:deductions and
Include income regardless of whether that incumemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from the No Yes. Fill in the details. From January 1 of current year until	come is taxable. Examples nents; pensions; rental inouga joint case and you have each source separately. Debtor 1	s of other income are alinome; interest; dividends; e income that you receive not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Deptor:2	uits; royalties; and a under Debtor 1. Gross income from each source. (before:deductions and
Include income regardless of whether that include income regardless of whether that include unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from the No	come is taxable. Examples nents; pensions; rental incog a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alinome; interest; dividends; e income that you receive not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Deptor:2	uits; royalties; and a under Debtor 1. Gross income from each source. (before:deductions and
Include income regardless of whether that incure unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details. From January 1 of current year until	come is taxable. Examples nents; pensions; rental incog a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alinome; interest; dividends; e income that you receive not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Deptor:2	uits; royalties; and a under Debtor 1. Gross income from each source. (before:deductions and
Include income regardless of whether that incure unemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from a No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2016)	come is taxable. Examples nents; pensions; rental incog a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alinome; interest; dividends; e income that you receive not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Deptor:2	uits; royalties; and a under Debtor 1. Gross income from each source. (before:deductions and
Include income regardless of whether that incunemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from a No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2016)	come is taxable. Examples nents; pensions; rental incog a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alinome; interest; dividends; e income that you receive not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Deptor:2	uits; royalties; and a under Debtor 1. Gross income from each source. (before:deductions and
Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from a No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2016 YYYY)	come is taxable. Examples nents; pensions; rental incog a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alinome; interest; dividends; e income that you receive not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Deptor:2	uits; royalties; and a under Debtor 1. Gross income from each source (before deductions a

DOTTO	
HRISTINA L. POTTS Case number of	(if know

art 3: List Certai	n Payments You Made Before	re You Filed	for Bankruptcy		
Are either Debtor 1'	s or Debtor 2's debts primarily c	onsumer debt	s?		
No. Neither Del	otor 1 nor Debtor 2 has primarily r an individual primarily for a perso	onsumer del	ots. Consumer debts ar ousehold purpose."	e defined in 11 U.S.C. § 10	(8) as
	00 days before you filed for bankru			\$6,425* or more?	
☐ No. Go	to line 7.				
tot	it below each creditor to whom you al amount you paid that creditor. D ild support and alimony. Also, do n	o not include pa	avments for domestic su	apport obligations, such as	
	adjustment on 4/01/19 and every				
	r Debtor 2 or both have primarily				
	90 days before you filed for bankru			\$600 or more?	
☑ No. Go					
Cre	st below each creditor to whom you editor. Do not include payments for mony. Also, do not include paymer	r domestic supp	ort obligations, such as	child support and	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
			\$	\$	☐ Mortgage
Creditor	's Name				Car
	N				Credit card
Numbe	Street				Loan repayment
					Suppliers or vendors
City	State ZIP Code				Other
City		and the second of the second	иминеродического поставления и поставления поставления и поставления поставления поставления поставления поста Поставления поставления поставления поставления поставления поставления поставления поставления поставления по	with 3000 to 1 contravantina (with 100 and 101 to 100 minutes and 100 minutes)	Control of the Contro
			\$	\$	
Credito	r's Name				☐ Car
					Credit card
Numbe	r Street				Loan repayment
					Suppliers or vendors
<u>-</u>	717 0 - 4				Other
City	State ZIP Code				
			and the second s	and the second second second	en e
-			\$	\$	_ Mortgage
Credito	or's Name				☐ Car
Numbe	er Street				Credit card
Hanibe					Loan repayment
*****					Suppliers or vendors
					Other

Debtor 1	CHRISTINA	L <i>.</i>	POTTS		Case number (# known)_	
- 44.0.	First Name Middle Nam	ne Last Name				
Insid corp ager such	orations of which you are nt, including one for a busi n as child support and alim	; any general partners an officer, director, pe iness you operate as a	; relatives of any or rson in control, or	general partners; p owner of 20% or t	artnerships of which more of their voting	who was an insider? In you are a general partner; securities; and any managing domestic support obligations,
	No Yes. List all payments to a	ın insider.	Dates of	Total amount		Reason for this payment
			payment	∌paid	owe	
	Insider's Name			\$	\$	
	Number Street	LANCE TO SEC.				

	City	State ZIP Code		a ranninga teaper lag.	ere con	
	Insider's Name			\$	\$	
	Number Street		<u> </u>			
1						
	City	State ZIP Code	_			
an i Incli ☑	nsider? ude payments on debts gu	uaranteed or cosigned		payments or trans	sfer any property o	n account of a debt that benefited
_	res. distan paymente ala	t bonomos dir mordon.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name			\$	_ \$	· · · · · · · · · · · · · · · · · · ·
	Number Street					!
	City	State ZIP Code	<u> </u>	a anama a tronto a con-		. NE ANTINA NAME OF THE PARTY O
	Insider's Name			\$	_ \$	
	Number Street		***			·

ZIP Code

State

City

HRISTINA	L.	POTTS	Case number (if known)
71 11 CT - 1 CT - 1		Namo	

thin 1 year before you filed for bank it all such matters, including personal i d contract disputes.	ruptcy, were you a party in any lawsui njury cases, small claims actions, divorce	es, collection suits, paternity a	ctions, support or	custody modifica
No Yes. Fill in the details.	Nature of the case	Court or agency		Status of the cas
Case title		Court Name		Pending On appeal
Case number		Number Street City State	ŽIP Code	Concluded
and the second s				☐ Pending
Case title		Court Name Number Street		On appeal Concluded
Case number		City State	ZIP Code	
	Describe the property			\$
Creditor's Name		Marie Marie and the state of th		<u> </u>
Number Street	Explain what happened Property was report Property was fore	ossessed.		
City State		nisned. ched, seized, or levied.	Date	Value of the pro
	Describe the property		Date	And the property of the proper
				ф
Creditor's Name				\$
Creditor's Name Number Street	Explain what happened			\$
	Explain what happened Property was rep Property was fore Property was gar	ossessed. edosed.		\$

counts or refuse to make a payment beca	auso jou orrow a donn		
No	•		
Yes. Fill in the details.			e de la companya de l La companya de la companya de
	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name			
			\$
Number Street			
	-	:	
A	* and back to a * (
City State ZIP Code	Last 4 digits of account number: XXXX		
Yes	45 and		
List Certain Gifts and Contribu	tions		
hin 2 years hefore you filed for hankrun	tcy, did you give any gifts with a total value of more	than \$600 per person?	
nin 2 years before you med for bankrup.	icy, did you give any gins with a total value of more	than 4000 per person.	
Yes. Fill in the details for each gift.			
100.1 11 11 110 000010 10. 00011 3111			
Gifts with a total value of more than \$600	B 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		20.00
per person	Describe the gifts	Dates you gave the gifts	Value
per person	Describe the girts		Value
per person Person to Whom You Gave the Gift	Describe the gifts		Value S
	Describe the girts		Value \$
: · · · · · · · · · · · · · · · · · · ·	Describe the girts		Value
Person to Whom You Gave the Gift	Describe the girts		Value
: · · · · · · · · · · · · · · · · · · ·	Describe the girts		Value
Person to Whom You Gave the Gift	Describe the girts		Value \$\$
Person to Whom You Gave the Gift Number Street City State ZIP Code	Describe the girts		Value
Person to Whom You Gave the Gift Number Street	Describe the gitts		\text{Value} \\ \\$
Person to Whom You Gave the Gift Number Street City State ZIP Code	Describe the gifts		\$\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600		Dates you gave	\$\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600		Dates you gave	\$\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		Dates you gave	\$\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		Dates you gave	\$\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		Dates you gave	\$\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		Dates you gave	\$\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street		Dates you gave	\$\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		Dates you gave	\$\$

Case number (if known)_

No	uptcy, did you give any gifts or contributions with a total value		
Yes. Fill in the details for each gift or co	ntribution.		
Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
	190 - 190 -		
	:		\$
Charity's Name	─ : ;		
	_:		\$
	:		
Number Street	_	•	
Hallies, Glida			
	; — !		
City State ZIP Code		<u>:</u>	
List Certain Losses			
<u> </u>	uptcy or since you filed for bankruptcy, did you lose anything	hacause of theft fi	re other
Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	loss	lost
how the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	loss	lost \$
how the loss occurred	Include the amount that insurance has paid. List pending insurance	loss	lost
how the loss occurred	Include the amount that insurance has paid. List pending insurance	loss	\$
how the loss occurred 7: List Certain Payments or Tr	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	loss	\$
how the loss occurred 7: List Certain Payments or Tr	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers		\$
how the loss occurred 17: List Certain Payments or Tr Within 1 year before you filed for bankr	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracey or preparing a bankruptcy petition?	nsfer any property	\$
how the loss occurred 7: List Certain Payments or Tr Within 1 year before you filed for bankr ou consulted about seeking bankrupt coulde any attorneys, bankruptcy petition	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tra	nsfer any property	\$
how the loss occurred 7: List Certain Payments or Tr 7: Vithin 1 year before you filed for bankrou consulted about seeking bankrupt pelition 7: No	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracey or preparing a bankruptcy petition?	nsfer any property	\$
7: List Certain Payments or Tr Tithin 1 year before you filed for bankrou consulted about seeking bankrupted about any attorneys, bankruptcy petition	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in y	nsfer any property rour bankruptcy.	to anyone
how the loss occurred 7: List Certain Payments or Tr 7(thin 1 year before you filed for bankrou consulted about seeking bankrupt and any attorneys, bankruptcy petition	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracey or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in y	nsfer any property	to anyone Amount of payme
7: List Certain Payments or Tr Tithin 1 year before you filed for bankrou consulted about seeking bankrupted about any attorneys, bankruptcy petition	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in y	nsfer any property our bankruptcy. Date payment or	to anyone Amount of payme
how the loss occurred The List Certain Payments or Tree out consulted about seeking bankrupt include any attorneys, bankruptcy petition of No Yes. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in y	nsfer any property our bankruptcy. Date payment or transfer was	to anyone Amount of payme
7: List Certain Payments or Trulithin 1 year before you filed for bankrou consulted about seeking bankrupt clude any attorneys, bankruptcy petition No Yes. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in y	nsfer any property our bankruptcy. Date payment or transfer was	to anyone Amount of payments
how the loss occurred The List Certain Payments or Tree Tithin 1 year before you filed for bankrou consulted about seeking bankrupt and any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in y	nsfer any property our bankruptcy. Date payment or transfer was	to anyone Amount of payments
how the loss occurred The List Certain Payments or Tree Vithin 1 year before you filed for bankrous consulted about seeking bankrupt and any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in y	nsfer any property our bankruptcy. Date payment or transfer was	to anyone Amount of payme
how the loss occurred The List Certain Payments or Tree Tithin 1 year before you filed for bankrou consulted about seeking bankrupt and any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracey or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in y Description and value of any property transferred	nsfer any property our bankruptcy. Date payment or transfer was	to anyone Amount of payme
how the loss occurred Tithin 1 year before you filed for bankrou consulted about seeking bankrupt aclude any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid Number Street	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracey or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in y Description and value of any property transferred	nsfer any property our bankruptcy. Date payment or transfer was	to anyone Amount of payments
how the loss occurred The List Certain Payments or Tree Vithin 1 year before you filed for bankrou consulted about seeking bankrupt and any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid Number Street	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ansfers uptcy, did you or anyone else acting on your behalf pay or tracey or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required in y Description and value of any property transferred	nsfer any property our bankruptcy. Date payment or transfer was	to anyone Amount of payments

Case number (if known)_

tor 1	CHRISTINA L.	POTTS	Case number (if known)		
	First Name Middle Name Last N	Name			
		Description and value of any property tr	ansferred	Date payment or transfer was made	Amount of payment
			<u> </u>		
•	Person Who Was Paid		:		\$
	Number Street				
					\$
	City State ZIP Code				
	Email or website address	-			
	Person Who Made the Payment, if Not You		The state of the s		
. Wit	hin 1 year before you filed for bankrupt	cy, did you or anyone else acting on y	our behalf pay or tran	sfer any property t	o anyone who
pro	mised to help you deal with your credit not include any payment or transfer that y	iors or to make payments to your cred	litors?		
	No Yes. Fill in the details.				
_	ies. Fill ill the details.	Description and value of any property to	ransferred	Date payment or	Amount of pay
. 1.				transfer was made	teniga ibiz
	Person Who Was Paid				2
	Standard Standard				\$
	Number Street			į	
				1	\$
	City State ZIP Code		ALL ALL HARDEN TO THE	.i	
8. Wii	thin 2 years before you filed for bankru nsferred in the ordinary course of your	ptcy, did you sell, trade, or otherwise in business or financial affairs?	transfer any property t	o anyone, other th	an property
Inc	lude both outright transfers and transfers i	made as security (such as the granting o	of a security interest or r	nortgage on your pro	operty).
	not include gifts and transfers that you ha	ive already listed on this statement.			
	Yes. Fill in the details.				
		Description and value of property	Describe any property	or payments receive	d Date trans
		transferred	or debts paid in excha	inge: Application of the last	was made
	Person Who Received Transfer				
	Number Street		:		
	City State ZIP Code		<u> </u>		
	Person's relationship to you				
	Person Who Received Transfer				
	Number Street	I.			
		:			1
					:
	City State ZIP Code		:		

			15	the state of the state of the	hich you
9. Wit	thin 10 years before you filed for bankru e a beneficiary? (These are often called as	ptcy, did you transfer any propert set-protection devices.)	y to a self-settled	d trust or similar device of w	mich you
	No				
	Yes. Fill in the details.			er e	nto vita salivo damino s
		Description and value of the proper	ty transferred		Date transfer was made
	No. of Arigh				
	Name of trust				
		-			
last.	8: List Certain Financial Accounts	s. Instruments, Safe Deposit	Boxes, and St	orage Units	
GIL	ithin 1 year before you filed for bankrupt	cy were any financial accounts o	r instruments he	eld in your name, or for your	benefit,
	t to the second and the made aread?				
In	clude checking, savings, money market,	or other financial accounts; certi	ficates of depos	it; shares in banks, credit ur	nions,
	rokerage houses, pension funds, cooper	atives, associations, and other fir	anciai institutio	115.	
	No				
L	Yes. Fill in the details.	Last 4 digits of account number	Type of account	or Date account was	Last balance before
		Last 4 digits of account name.	instrument	closed, sold, moved, or transferred	closing or transfer
				o, maiorement	
	Name of Financial Institution	XXXX	Checking		\$
		,	Savings		
	Number Street		Money mark	et	
		•	Brokerage		
	City State ZIP Code	- Commence of the commence of	Other		. I for early growing a record mesoning armon and highlithy at 1888 a
	The state of the s				
			Checking	<u> </u>	\$
	Name of Financial Institution		☐ Savings		
	Number Street	-	Moπey mark	ret	
		-	☐ Brokerage		
	City State ZIP Code	_	Other		
	City				one for
21. [Do you now have, or did you have within	1 year before you filed for bankru	iptcy, any safe d	eposit box or other deposit	лу ю
	securities, cash, or other valuables? ☑ No				
	Yes, Fill in the details.				en je zavejen se nastavjegojoš a
		Who else had access to it?	Des	scribe the contents	Do you still have it?
			:		i □l No
					☐ No ☐ Yes
	Name of Financial Institution	Name			[
	Name of Financial Institution Number Street	Name Number Street			ſ
					[

Case number (if known)_

CHRISTINA

ebtor 1	CHRISTINA	L.	POTTS	Case number (# known)	
	First Name Middle Name	E Last	Name	•	
2. Have y	you stored property in a	storage unit	or place other than your home within	n 1 year before you filed for bankrupto	y?
□ No					
☑ Ye	es. Fill in the details.				* 2
			Who else has or had access to it?	Describe the contents	Do you stil
			in the state of th		, have it?
,	PUBLIC STORAGE			3 BEDS, 5 DRESSERS,	
	Name of Storage Facility		Name	HOUSEWARES, KIDS T	
				PICTURES, CLOTHING	1
	5900 ROUTE 42 Number Street		Number Street	ADULT, 1 TEEN GIRL &	
	Tidino.		080	KIDS BIKES, GAMES, N	1150.
			City State ZIP Code	OIVIT WAS SOLD ! OIV	
-	TURNERSVILL NJ	08012	•	NON-PAYMENT	
	City State	ZIP Code	a mary and a second property of the second s	$\mathcal{L}_{\mathcal{A}} = \{ (\mathbf{x}, \mathbf{y}) \mid \mathbf{x} \in \mathcal{A} \mid \mathbf{y} \in \mathcal{A} \}$, and the second
Part 9:	Identify Propert	y You Hold	or Control for Someone Else		
22 Dov	ou hold or control any n	roperty that s	omeone else owns? Include any pro	operty you borrowed from, are storing	for,
	old in trust for someone				
<u> </u>					
,	es, Fill in the details.				
_ :			Where is the property?	Describe the property	Value
	Owner's Name				\$
			Number Street		
	Number Street		number of cer		
	Number Street		number outer		THE STATE OF THE S
	Number Street			Code	ur constitution of the state of
	Number Street City State	e ZIP Code	City State ZIP C	Code	
Part 1	City Stat		City State ZIP C	Code	
Part 1	City Stat			Cade	
	City Stat O: Give Details Ab purpose of Part 10, the	out Environ	City State ZIP C mental Information initions apply:	·	
For the	City Stat O: Give Details About purpose of Part 10, the ironmental law means at	out Environ	City State ZIP C mental Information initions apply: ite, or local statute or regulation cor	ncerning pollution, contamination, rele	eases of
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1	No Yes			
•		_	to make an akknown to be be seen and the	I out hankeunteu forms?
_	l you pay or agree to p No	ay someone wh	o is not an attorney to help you fil	ii out pankruptcy forms r
	Yes. Name of person_			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fil	l in this information to identify your case:	19	3	Check one box or	nly as directed in this form and in
Del	otor 1 CHRISTINA L. First Name Middle Name	POTTS Last Name			
Del	otor 2				presumption of abuse.
	buse, if filing) First Name Middle Name ted States Bankruptcy Court for the: District of New Jersey	Last Name		abuse applie	on to determine if a presumption of s will be made under <i>Chapter 7</i> <i>Calculation</i> (Official Form 122A–2).
	e number	···			Fest does not apply now because of tary service but it could apply later.
<u> </u>		•	_	Check if this i	s an amended filing
Of	ficial Form 122A—1				
CI	napter 7 Statement of Your	Current Mo	nthl	y Income	12/15
spac addi do n <i>Abu</i>	s complete and accurate as possible. If two married possible is needed, attach a separate sheet to this form. Incitional pages, write your name and case number (if known that it is not have primarily consumer debts or because of qualities and the second of the second	ude the line number to w own). If you believe that y ifying military service, co this form.	rhich th vou are	e additional inforr exempted from a	nation applies. On the top of any presumption of abuse because you
	What is your marital and filing status? Check one only			. " " "	
1.	Not married. Fill out Column A, lines 2-11.	,			
:	Married and your spouse is filing with you. Fill out	t both Columns A and B, lir	nes 2-11	l .	
į	☐ Married and your spouse is NOT filing with you. Y	ou and your spouse are:	!		
1	Living in the same household and are not leg	gally separated. Fill out bo	th Colu	mns A and B, lines	2-11.
	Living separately or are legally separated. Fil under penalty of perjury that you and your spous spouse are living apart for reasons that do not in	se are legally separated un	der nor	bankruptcy law tha	t applies or that you and your
	Fill in the average monthly income that you received bankruptcy case: 11 U.S.C. § 101(10A). For example, if August 31, if the amount of your monthly income varied of Fill in the result. Do not include any income amount more income from that property in one column only. If you have	f you are filing on Septemb during the 6 months, add the than once. For example,	er 15, t ne incon if both s	ne 6-month period was for all 6 months a pouses own the sa	would be March 1 through and divide the total by 6
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, at (before all payroll deductions).	nd commissions		\$ <u>1,350.4</u> 0	\$
3.	Alimony and maintenance payments. Do not include p Column B is filled in.	payments from a spouse if		\$0.00	\$
4.	All amounts from any source which are regularly paid of you or your dependents, including child support. I from an unmarried partner, members of your household, and roommates. Include regular contributions from a spo filled in. Do not include payments you listed on line 3.	Include regular contribution your dependents, parents,	ns	\$ <u>0.0</u> 0	\$
5.	Net income from operating a business, profession, or farm	Debtor 1 Debtor 2			
and the second	Gross receipts (before all deductions)	φ			
:	Ordinary and necessary operating expenses	\$ \$	Сору	¢ 0.00	r
:	Net monthly income from a business, profession, or farm		here →	\$0.00	\$
6.	Net income from rental and other real property Gross receipts (before all deductions)	Debtor 1 Debtor 2 \$\$			
	Ordinary and necessary operating expenses	- \$\$	Сору_		r e
_	Net monthly income from rental or other real property	\$ <u>0.00</u> \$	here >	\$ <u>0.0</u> 0	ъ
7.	Interest, dividends, and royalties			\$ <u>0.0</u> 0	Φ

First Name Middle Name Last Na	ame POTTS	Case number (if known)	* * * * * * * * * * * * * * * * * * * *	
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8. Unemployment compensation		\$0.00	\$	
Do not enter the amount if you contend that the under the Social Security Act. Instead, list it he	re:			
For you				
For your spouse	\$			
 Pension or retirement income. Do not includ benefit under the Social Security Act. 	e any amount received that was a	\$0.00	\$	
10. Income from all other sources not listed about Do not include any benefits received under the as a victim of a war crime, a crime against hum terrorism. If necessary, list other sources on a second control of the control of	Social Security Act or payments rece nanity, or international or domestic			
		\$0.00	\$	
		\$	\$	
Total amounts from separate pages, if any.	_	+\$ 0.00	+ \$	
11 Calculate your total current monthly income	Add lines 2 through 10 for each			
 Calculate your total current monthly income column. Then add the total for Column A to the 		s 1,452.53	+ s	= \$ 1,452.53
				Total current
Part 2: Determine Whether the Means	Гest Applies to You			monthly Income
12. Calculate your current monthly income for t	he year. Follow these steps:			
12a. Copy your total current monthly income t	rom line 11	Coţ	y line 11 here 👈	\$ <u>1,452.53</u>
Multiply by 12 (the number of months in	a year).		L	x 12
12b. The result is your annual income for this	part of the form.		12b.	\$ <u>17,430.36</u>
3. Calculate the median family income that ap	plies to you. Follow these steps:			
Fill in the state in which you live.	NEW JERSEY			
Fill in the number of people in your household.	3			
Fill in the median family income for your state a	ind size of household.	***************************************	13.	\$ 62,149.00
To find a list of applicable median income amount instructions for this form. This list may also be a	unts, go online using the link specified available at the bankruptcy clerk's offi	d in the separate ce.	<u> </u>	
4. How do the lines compare?				
14a. Line 12b is less than or equal to line 1' Go to Part 3.	3. On the top of page 1, check box 1,	There is no presumption	of abuse.	
14b. Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.		umption of abuse is deten	mined by Form 122A-	-2.
Part 3: Sign Below				
By signing here, I declare under penalt	of periury that the information on this	s statement and in any at	tachments is true and	1 correct
CHRISTINA L. POTTS	x	·		2 0011001.
Signature of Debtor 1		Signature of Debtor 2	<u></u>	
-		•		
Date 02/01/2017 MM / DD / YYYY		Date MM / DD / YYYY	-	
If you checked line 14a, do NOT fill	out or file Form 122A-2.			
If you checked line 14b, fill out Form	122A-2 and file it with this form.			

Fill in this information to identify your case:			Check the appropriate box a lines 40 or 42:	as directed in
Debtor 1 CHRISTINA L. First Name Middle Name	POTTS Last Name		According to the calculation this Statement:	s required by
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name	-	1. There is no presumpt	ion of abuse.
United States Bankruptcy Court for the: District of New Jersey			2. There is a presumption	on of abuse.
Case number (If known)	_		☐ Check if this is an am	ended filing
Official Form 122A–2				
Chapter 7 Means Test Calcul	ation			04/16
To fill out this form, you will need your completed copy of	Chapter 7 Statement	of Your Current Mo	nthly Income (Official Form	122A-1).
Be as complete and accurate as possible. If two married p is needed, attach a separate sheet to this form. Include the pages, write your name and case number (if known). Part 1: Determine Your Adjusted Income	eople are filing togethe line number to which	ner, both are equally h the additional info	, responsible for being accu ormation applies. On the top	rate. If more space of any additional
				
1. Copy your total current monthly income	Co	py line 11 from Officia	Il Form 122A-1 here→	<u>\$_1,350.4</u> 0
2. Did you fill out Column B in Part 1 of Form 122A-1?				
☑ No. Fill in \$0 for the total on line 3.				
Yes. Is your spouse filing with you?				
☐ No. Go to line 3.				
Yes. Fill in \$0 for the total on line 3.				
Adjust your current monthly income by subtracting an household expenses of you or your dependents. Follow		's income not used	to pay for the	
On line 11, Column B of Form 122A–1, was any amount of regularly used for the household expenses of you or your of	f the income you reported dependents?	ed for your spouse N	ОТ	
☐ No. Fill in 0 for the total on line 3.				
Yes. Fill in the information below:				
State each purpose for which the income was used For example, the income is used to pay your spouse's tax of people other than you or your dependents	ebt or to support are	in the amount you subtracting from r spouse's income		
	\$_			
	\$_			
	+\$_			
Total	\$_	0.00	Copy total here	-\$0.00
4 Adjust your current monthly income. Subtract the total	on line 3 from line 1			s 1.452.53

	* .	
:	Debtor	1

CHRISTINA L.

POTTS

Case number (if known)

Part 2:

Calculate Your Deductions from Your Income

The internal Revenue Service (IRS) Issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A–1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1,249.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person

54.00

7b. Number of people who are under 65

_X 3

7c. Subtotal. Multiply line 7a by line 7b.

162.00 Copy here→

162.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person

Total. Add lines 7c and 7f.....

7e. Number of people who are 65 or older

X ____

7f. Subtotal. Multiply line 7d by line 7e.

_____ Copy here 🔿

\$ 162.00

Copy total here

162.00

Official Form 122A-2

ebtor 1	CHRISTIN First Name	Middle Name	L. Last Name	POTTS	Case number (if known)	
Local	Standards	You must	use the IRS Local	Standards to answer the qu	estions in lines 8-15.	
				stee Program has divided	the IRS Local Standard for housing fo	or
	uptcy purposes		parts: ance and operati	no expenses		
	-		age or rent expe	•		
				S. Trustee Program chart.		
			the link specified in at the bankruptcy o	n the separate instructions for clerk's office.	or this form.	
8. Ho dol	using and utilitate amount listed	ties – Insur d for your co	ance and operatiounty for insurance	ng expenses: Using the nue and operating expenses	umber of people you entered in line 5, fill	in the \$0.00
9. Ho	using and utili	ties – Morto	gage or rent expe	nses:		
9a.	. Using the numb for your county	ber of peopl for mortgag	e you entered in li ge or rent expense	ne 5, fill in the dollar amount	t listed \$_2,335.00	0_
9b.	. Total average r	nonthly pay	ment for all mortga	ages and other debts secure	ed by your home.	
	To calculate the contractually dibankruptcy. The	ue to each s	secured creditor in	ent, add all amounts that are the 60 months after you file	e a for	
	Name of the c	reditor	(현대) (19 일본 - 19 20년 - 19	Average payment	monthly t	
	LOUIS WI	TTJE		\$	950.00	
				<u> </u>		
				+ \$		
	to decide the second se	To	tal average month	ally payment \$	950.00 Copy here - \$ 950.0	Repeat this amount on line 33a.
9c.	Subtract line	9b (total av	erage monthly pay	ment) from line 9a (mortgag 0, enter \$0	ge or \$\$	0 Copy \$ 0.00
the	ou claim that to calculation of	your mon	thly expenses, fil	l in any additional amount	Standard for housing is incorrect and t you claim.	,
wł	ny:					
11. Lo	cal transportat	ion expens	es: Check the nur	nber of vehicles for which yo	ou claim an ownership or operating expe	ense.
0 8	0. Go to line 1. Go to line 2 or more. Go	12.				
12. Ve	hicle operation erating expense	n expense: es, fill in the	Using the IRS Loc Operating Costs to	eal Standards and the numb hat apply for your Census re	er of vehicles for which you claim the egion or metropolitan statistical area.	\$ 270. <u>00</u>

		CHRISTINA L	Last Name	POTTS	Case numb	DEF (if known))	A #4 A #4		
f	or ea	cle ownership or lease expe ach vehicle below. You may r dition, you may not claim the	not claim the expense if	vou do not make any loar	ne net owne n or lease pa	rship or lo	ease expense on the vehicle			
,	Vehic	cle 1 Describe Vehicle 1:	1996 CHRYSLE	R LABERON	<u></u>					
							270.00			
		Ownership or leasing costs				\$	270.00			
	13b.	Average monthly payment f		Vehicle 1.						
		Do not include costs for lea- To calculate the average manounts that are contractual after you filed for bankrupto	onthly payment here ar	nd on line 13e, add all d creditor in the 60 months	5					
		Name of each creditor fo	r Vehicle 1	Average monthly payment \$ 0.00						
				+ \$	_					
		Total avera	ge monthly payment	\$0.00	Copy here	- \$	0.00	Repeat this amount on line 33b.		
		Net Vehicle 1 ownership or I Subtract line 13b from line 1		ss than \$0, enter \$0		\$	270.00	Copy net Vehicle 1 expense here	\$ <u>27</u>	0 <u>.0</u>
								-		
	Vehi	icle 2 Describe Vehicle 2:						-		
	Vehil				· · · · · · · · · · · · · · · · · · ·	\$				
			using IRS Local Stand	lard	· · · · · · · · · · · · · · · · · · ·					
	13d.	Ownership or leasing costs Average monthly payment	using IRS Local Stand for all debts secured by used vehicles.	lard	· · · · · · · · · · · · · · · · · · ·					
	13d.	Ownership or leasing costs Average monthly payment Do not include costs for lea	using IRS Local Stand for all debts secured by used vehicles.	lard/ Vehicle 2.	· · · · · · · · · · · · · · · · · · ·					
	13d.	Ownership or leasing costs Average monthly payment Do not include costs for lea	using IRS Local Stand for all debts secured by used vehicles.	lard/ Vehicle 2.	· · · · · · · · · · · · · · · · · · ·					
	13d.	Ownership or leasing costs Average monthly payment Do not include costs for lea Name of each creditor fo	using IRS Local Stand for all debts secured by used vehicles.	lard/ Vehicle 2.	· · · · · · · · · · · · · · · · · · ·			Repeat this amount on line 33c.		
	13d.	Ownership or leasing costs Average monthly payment Do not include costs for lea Name of each creditor for Total aver	rusing IRS Local Stand for all debts secured by used vehicles. or Vehicle 2	Average monthly payment \$	Copy here			amount on		
	13d.	Ownership or leasing costs Average monthly payment Do not include costs for lea Name of each creditor fo	rusing IRS Local Stand for all debts secured by used vehicles. or Vehicle 2	Average monthly payment \$	Copy here			amount on line 33c. Copy net Vehicle 2	\$	
14.	13d. 13e. 13f.	Ownership or leasing costs Average monthly payment Do not include costs for lea Name of each creditor for Total aver	is using IRS Local Stand for all debts secured by used vehicles. If Vehicle 2 If this amount is less the	tard	Copy here	\$\$ \$	Il in the	amount on line 33c. Copy net Vehicle 2 expense	\$ \$	

Debtor 1	CHRISTINA	L.	POTTS	Case number (if known)	
	Circa Marca Middle A	Inme I a	st Name		

In addition to the expense deductions listed above, you are allowed your monthly expenses for Other Necessary Expenses the following IRS categories. 16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, selfemployment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your \$ 133.12 pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 0.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 0.00 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or 0.00 ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it 0.00 is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. \$ 1,814.10 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.

page 5

ebtor 1	CHRISTINA	L.	POTTS	Case number (# known)	
	First Name Middle Name	Last Name			ere o erest
Åddit	ional Expense Deductions	and the second s	tional deductions allowed b clude any expense allowant	The state of the s	
ins	ealth insurance, disability in surance, disability insurance, pendents.	nsurance, and hea and health savings	Ith savings account expe accounts that are reasonal	nses. The monthly expenses for health bly necessary for yourself, your spouse, or your	
H	ealth insurance		\$0.00		
D	sability insurance		\$ 0.00		
H	ealth savings account		+ \$ 0.00		
To	otal		\$0.00	Copy total here→	\$0.00
D	o you actually spend this tota	I amount?			
	No. How much do you actu Yes	ally spend?	\$0.00		
Ç(ontinue to pay for the reasons	able and necessary your immediate fam	care and support of an elde ily who is unable to pay for	The actual monthly expenses that you will erly, chronically ill, or disabled member of such expenses. These expenses may \$ 529A(b).	\$ <u> 0</u> .00
27. Pr of	otection against family viol you and your family under th	lence. The reasona e Family Violence f	bly necessary monthly experiences Ac	enses that you incur to maintain the safety t or other federal laws that apply.	\$0.00
By	law, the court must keep the	e nature of these ex	penses confidential.		
28. Ac	iditional home energy cost	s. Your home energ	gy costs are included in you	ir insurance and operating expenses on line 8.	
	you believe that you have hor then fill in the excess amoun			energy costs included in expenses on line	s 0.00
Yo		e documentation of		you must show that the additional amount	\$0.00
pe ek	r child) that you pay for your ementary or secondary school	dependent children of.	who are younger than 18 y	ne monthly expenses (not more than \$160.42* years old to attend a private or public	\$ <u> </u>
	ou must give your case truste asonable and necessary and			you must explain why the amount claimed is	
*	Subject to adjustment on 4/0	1/19, and every 3 y	ears after that for cases be	gun on or after the date of adjustment.	
hig	iditional food and clothing ther than the combined food 6 of the food and clothing allo	and clothing allowa	nces in the IRS National St	actual food and clothing expenses are andards. That amount cannot be more than	\$0.00
	find a chart showing the ma s form. This chart may also b			e link specified in the separate instructions for	
Yo	ou must show that the addition	nal amount claimed	is reasonable and necessa	ary.	
	entinuing charitable contrib struments to a religious or ch			ontribute in the form of cash or financial	+ \$0.00
	id all of the additional expe	ense deductions.			\$0.00

Debtor 1

CHRISTI	NA	L.		POTTS
rst Name	Middle Name		Last Name	

Deductions	for Debt	Payment
Deudellons	IOI DEDE	

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

	Mortgages on your home:					Average paymen	monthly t		
33a.	Copy line 9b here				→	\$	950.00		
	Loans on your first two vehi	icles:							
33b.	Copy line 13b here				→	\$	0.00		
33c.	Copy line 13e here				→	\$			
33d.	List other secured debts:								
	Name of each creditor for othe secured debt	er identify prope secures the d		Does pa include or insur	axes				
				□ N □ Y	o es	\$			
				□ и □ Y	o es	\$			
				□ N □ Y	o es	+ \$			
33e. T	otal average monthly payment.	Add lines 33a through 3	3d	••••••		\$	950.00	Copy total here→	\$ <u>950.</u> 00
or ot	ny debts that you listed in lin her property necessary for you o. Go to line 35. es. State any amount that you i listed in line 33, to keep pos Next, divide by 60 and fill in	our support or the support must pay to a creditor, in session of your property	oort of your de addition to the	pendents payments	.?				
	Name of the creditor	Identify property that secures the debt	Total cure	¥.		Month amour	ly cure		
	LOUIS WITTJE	APARTMEN T	\$ <u>0.</u>	<u>00</u> ÷ 6	0 =	\$	0.00		
			\$	÷6	0 =	\$			
			_ \$	÷6	0 = -	+ \$			
				To	ital	\$	0.00	Copy total here→	\$ 0.00
35. Do y that	ou owe any priority claims su are past due as of the filing d	ich as a priority tax, ch ate of your bankruptcy	ild support, or case? 11 U.S.	alimony					
		- •							
	o. Go to line 36.			3					
A	lo. Go to line 36, les. Fill in the total amount of all ongoing priority claims, suc								

Debtor 1	CHRIST First Name	INA Middle Name	<u>L.</u>	.ast Name	POTTS	<u>S</u>	Case nu	ımber (ır <i>ı</i> m	own)		
	Are you eligible For more inform instructions for the	ation, go onli	ne using t	he link for <i>Bankr</i>	uptcy Bas	ics specified in t	he separat	te office.			
	1 No. Go to line		, ,	•							
	Yes. Fill in the	following info	ormation.								
	Projecte	d monthly pla	ın paymer	nt if you were filir	ng under (Chapter 13		\$			
	Administ	trative Office arolina) or by	of the Uni	ct as stated on to ted States Court utive Office for U	s (for dist	ricts in Alabama		x			
	link spec	list of distric lified in the so at the bank	eparate in	rs that includes y structions for this k's office.	our distric form. Th	ct, go online usin is list may also b	g the e			-	
	Average	monthly adm	ninistrative	expense if you	were filing	under Chapter	13	\$		Copy total	\$
37. A c	dd all of the dec dd lines 33e thro	luctions for ugh 36	debt pay	ment.	*******************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••		******************		\$ 950.00
Total	Deductions fro	m Income									
38. Ad	ld all of the allo	wed deducti	ons.								
	py line 24, All of pense allowance				\$	1,814.12					
Cop	py line 32, All of	the additiona	l expense	deductions	\$	0.00					
Co	py line 37, All of	the deduction	s for deb	t payment	+ \$	950.00	·				
			7	otal deductions	\$	2,764.12	Сору	y total he	re	÷	\$ <u>2,76</u> 4.1
Part	3) Determi	ie Whethe	There	is a Presumpt	ion of A	buse					
39. Ca	ilculate monthly	disposable	income t	or 60 months	•						·
39	a. Copy line 4,	adjusted curr	ent month	ly income	\$	1,452.53					
39	b. Copy line 38	, Total deduc	tions	••	- \$	2,764.12					
39	c. Monthly disp Subtract line			.C. § 707(b)(2).	\$	-1,311.59	Copy here	_	s1,3	311.59	
	For the next	60 months (5 years)			***************************************			x 60	•	
39	d. Total. Multip	ly line 39c by	60			•••••••••••••••••••••••••••••••••••••••			\$	0.00 Copy	\$000
40 Fin	nd out whether t	hara le a ne	oumntio.	n sfakues Cha	ak tha ha				•		
	The line 39d is to Part 5.						1, There is	no presi	umption of al	ouse. Go	
0	The line 39d is may fill out Part	more than \$	1 2,850*. (1 special (On the top of pagircumstances. T	ge 1 of thi hen go to	s form, check bo Part 5.	x 2, There	is a pre	sumption of a	buse. You	
	The line 39d is										
	* Subject to ad	justment on 4	l/01/19, a	nd every 3 years	after that	for cases filed o	n or after t	the date	of adjustmen	t.	

Debtor 1	CHRISTINA	L.	POTTS	Case number (if known)
Jebior 1	First Name Middle Nar	ne Last Name		
na kanang paramanan panamanan mengali bendara	2-22			Ellad out A
41. 41a.	Summary of Your Ass	ets and Liabilities a	rity unsecured debt. If you fil and Certain Statistical Informati	tion Schedules
	(Official Form 106Sum	n), you may refer to	line 3b on that form	\$ 42,849.32
				x .25
41b	. 25% of your total no	npriority unsecure	ed debt. 11 U.S.C. § 707(b)(2	2)(A)(i)(I). \$\\\\$\\\\\$\\\\\\\$\\\\\\\\\\\\\\\\\\\\
	Multiply line 41a by 0	.25		liere y
is eı	ermine whether the ind nough to pay 25% of y ock the box that applies:	our unsecured, no	t over after subtracting all al onpriority debt.	allowed deductions
2 1 i			of page 1 of this form, check	t box 1, There is no presumption of abuse.
	Line 39d is equal to or	r more than line 41	b. On the top of page 1 of this n special circumstances. Then	is form, check box 2, <i>There is a presumption</i>
(or abuse. You may iii o	ut Part 4 II you cian	ii special circumstances. Then	in go to t art o.
	T:			
Part 4:	Give Details Abo	ut Special Circu	mstances	
43. Do you reason	have any special circ	umstances that ju .S.C. § 707(b)(2)(B	stify additional expen <mark>se</mark> s or).	r adjustments of current monthly income for which there is no
	Go to Part 5.			
☐ Yes	s. Fill in the following info for each item. You ma	formation. All figures	s should reflect your average r	monthly expense or income adjustment
	for each item. You ma	ay ilicidda expenses	s you hated in time 20.	
	Vou must sive a detai	iled explanation of t	he enecial circumstances that	t make the expenses or income
	adjustments necessar	ry and reasonable. `	You must also give your case	trustee documentation of your actual
	expenses or income a	adjustments.		
	Of the desired and an allow		.i.a.umofoneos	Average monthly expense
	Give a detailed explan	ation of the special c	: : : : : : : : : : : : : : : : : : :	or income adjustment
				<u> </u>
				<u> </u>
				œ.
	 			<u> </u>
				\$
				
Part 5:	Sign Below			
		·		
	By signing here, I dec	lare under penalty	of perjury that the information	on this statement and in any attachments is true and correct.
	Marti	ia DHA		
	CHRISTINA I	POTTS	\$	*
	Signature of Debtor	1		Signature of Debtor 2
	Date 02/01/201	17		Date
	MM/DD /Y	Ϋ́Υ		MM / DD / YYYY